

**CROSSING COOPERATIVE NURSERY SCHOOL  
CHILD INFORMATION SHEET**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Name to be recognized and used in School \_\_\_\_\_

Parent 1/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent 2/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Township \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone 1 \_\_\_\_\_

Cell Phone 2 \_\_\_\_\_

Allergies: Food \_\_\_\_\_ Drugs \_\_\_\_\_

Other \_\_\_\_\_

Known or suspected hearing, speech or sight issues: \_\_\_\_\_

Does your child receive any support services, such as, IU, Speech, Special Instruction, Behavioral? Or has your child been recommended for any support services? \_\_\_\_\_

At what age toilet-trained & are there any current training issues? \_\_\_\_\_

Special Words (for family members, using the bathroom etc.) \_\_\_\_\_

Siblings Names and Ages:

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Grandparents, caregivers, etc. who live in the home or are at the home on a daily basis:

\_\_\_\_\_

Languages other than English spoken at home \_\_\_\_\_

Recent changes in family or environment \_\_\_\_\_

\_\_\_\_\_

Previous School Experience \_\_\_\_\_

Comments about child (in general) \_\_\_\_\_

(Feel free to continue on back) \_\_\_\_\_