

**CROSSING COOPERATIVE NURSERY SCHOOL
CHILD INFORMATION SHEET- KE**

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 Guardian 1 _____

Cell Phone Guardian 2 _____

Allergies: Food _____ Drugs _____

Other _____

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

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 _____

Current Elementary School & teacher name: _____

Comments about child (in general) _____

(Feel free to continue on back)
