

**CROSSING COOPERATIVE NURSERY SCHOOL
CHILD INFORMATION SHEET FOR Wee PALs STUDENTS**

Child's Name _____ Birth Date _____ Gender _____

Name to be recognized and used in School _____

Parent /Guardian's Name #1 _____ Occupation _____

Parent /Guardian's Name #2 _____ 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? _____

If toilet-trained, what age? _____

Special Words (for pets, toys, bodily functions, etc.) _____

Siblings Names and Ages:

_____ Age _____

_____ Age _____

_____ Age _____

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

Other known caregivers that will be accompanying your child to class during the school year:

Languages other than English spoken at home _____

Recent changes in family or environment _____

Comments about child in general _____

(Feel free to continue on back)