

ST. CHARLES AVENUE PRESBYTERIAN CHURCH NURSERY SCHOOL  
1545 State Street, New Orleans, Louisiana 70118  
(504) 891-5101

Date \_\_\_\_\_

**"TELL US ABOUT YOUR CHILD"**  
**5-Day Program**

*This is confidential information for your child's teacher. It will enable her to better meet your child's needs.*

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Name Called \_\_\_\_\_

Birthdate \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**FILL IN AS QUESTIONS APPLY TO YOUR HOUSEHOLD:**

Father's Name/Address (if different) \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name/Address (if different) \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings and their Ages \_\_\_\_\_  
(Do they live with child?) \_\_\_\_\_

Who, other than yourself, has a substantial role in caring for the child each day? (Housekeeper, grandparent, etc.) \_\_\_\_\_

Have there been any recent changes in family that would affect child's adjustment to Nursery School? \_\_\_\_\_

Does child have any physical limitations? (Be specific) \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_

Any major illnesses or surgeries? \_\_\_\_\_

Frequent ear infections? \_\_\_\_\_

Problems at birth? \_\_\_\_\_

Is child on any regular medication, and if so, what? \_\_\_\_\_

Does the child have any problem with food? \_\_\_\_\_

Does the child have any problems with sleep? \_\_\_\_\_

Any fears or nightmares, and if so, what? \_\_\_\_\_

With whom does he/she usually play? \_\_\_\_\_ Age(s) \_\_\_\_\_

Previous school or group experience \_\_\_\_\_

Pets? If so, please give type, name, and feelings about pet \_\_\_\_\_

What is your usual form of discipline? \_\_\_\_\_

What is his/her usual way of responding to suggestions and directions? \_\_\_\_\_

Does he/she become angry easily? \_\_\_\_\_ Cause(s) \_\_\_\_\_

How does your child express his/her anger? \_\_\_\_\_

Do you feel you have any special problems with your child? \_\_\_\_\_

***What do you hope your child will gain from his/her Nursery School experience? (Describe below)***