

NORTHVILLE COOPERATIVE PRESCHOOL STUDENT INFORMATION

PLEASE RETURN THIS COMPLETED FORM AT THE FORMS DROP-OFF DAY.

Child's Name: _____ Age: ____ Sex: ____ Birth Date: ____/____/____

Name child should be called at school if different than given name _____

PHYSICAL DATA

What is your child's general health? _____

Are there any health problems that would require special attention at school? Explain. _____

Give date and length of any serious illness and/or surgery. _____

Is there any chronic nasal discharge? _____

Are there any food allergies? _____ Other allergies? _____

HOUSING AND DAILY CARE

What are the genders and ages of siblings/others living at home? _____

Are there any personal issues that would affect your child at NCP? _____

Does your child need help with toileting? _____

Is your child likely to have an accident? _____

PERSONALITY TRAITS AND DISCIPLINE

My child expresses concern about _____

The best method to comfort my child when upset is _____

My child's strong qualities are _____

Something my child would like to do at school is _____

ADDITIONAL QUESTIONS

What do you hope to have your child gain from this preschool experience? _____

What do you hope to gain from this preschool experience? _____

Is there any special information about your child that you think we should know? _____