



# New Hackensack Nursery School

## Information Sheet

*(The following information is used for teachers use only)*

Child's Name \_\_\_\_\_  
Last First Usually Called

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (Mother) \_\_\_\_\_ Cell Phone (Father) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Sex: Male or Female

Email Address (Mother) \_\_\_\_\_

Email Address (Father) \_\_\_\_\_

Mothers Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Fathers Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Names of Siblings \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of other household members \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_ Particular Fears \_\_\_\_\_

What previous group experience has your Child had? \_\_\_\_\_

Special experience your Child has had? (Travel, hospital stay, accidents) \_\_\_\_\_

Any other information you feel we should know about? (Speech, hearing, divorce/separation, etc.) \_\_\_\_\_

\_\_\_\_\_

What would you like Nursery School to do for your Child? \_\_\_\_\_

How did you hear about our school?

Referring Family Name \_\_\_\_\_ Our Sign \_\_\_\_\_ Local Event \_\_\_\_\_

News Article \_\_\_\_\_ Social Media \_\_\_\_\_ Attend Church \_\_\_\_\_