

Student Information Sheet (Confidential)

Child

Child's Legal Name		Age	
Child's Preferred Name		Date of Birth	

Parents (Household 1)

Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
E-mail		E-mail	
Employer		Employer	
Occupation		Occupation	

Parents (Household 2) If any

Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
E-mail		E-mail	
Employer		Employer	
Occupation		Occupation	

With whom does the child live? (ex. Mon-Thurs. with Dad, Fri.-Sun. with Mom)

Is there a custody arrangement or court order in force regarding this student?

Siblings (name & ages)

Describe the child's relationship with siblings

Describe the child's play group experiences (daycare, play group,, etc. where and how long)

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Child's History and Health

Briefly describe pregnancy							
Difficulties through pregnancy (if any)							
Hospital birth C-section	Home birth	Birth weight.		Length			
Difficulties related to birth?							
Breast fed?		Age discontinues?		Age toilet trained ?			
Age began: Sitting		Crawling		Walking		Speaking	
Please describe crawling patterns							
Describe child's physical characteristics and disposition							
Describe any physical conditions we may need to be aware of (vision, hearing, speech, movement, etc.)?							
Please list any food, drug, or environmental allergies							
Current medications/ supplements for above							

Home and Family Rhythm

Child's bedtime		Time child wakes		Nap time	
Sleep patterns (how often does your child awaken at night. (Does he/she sleep in his/her own bed?)					
Describe how child awakens (dreamy, cheery, crabby, etc.)					
Meal times				Snack times	
Favorite foods					
Least favorite foods					

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Describe child's daily chores (if any)	
How do you currently handle any behavior problems which may arise?	
Describe any habits (thumb sucking, nail biting, hair twisting & etc.)	
Describe any special needs or fears	
How does child interact with other children? What are his/her responses to other children?	
How does child interact with adults? What are his/her response to adults?	
Child's particular interests	
Describe typical play activities	
Does the child have a pet(s)? Names?	
Average daily hours of TV for child?	Movies games CD/Radio Computer/pads
How many hours of TV /radio sounds are on in the house hold? (even not watching/listening)	
Please use this space to include any further information you would like to share with us about your child	
What are your expectations from this Program?	
Please indicate a few of the topics you would like to discuss during conference	
How did you hear about this school?	