



Growing Tree North of Roslyn, Inc.

(An Extended Day Nursery School)

275 Warner Avenue, Roslyn Heights, NY 11577

Tel: (516) 625- 9080 ~ Fax: (516) 625-8377

Visit Our Website: www.growingtreenorth.com

Information Sheet

This is given to the Head Teacher

Childs Name: _____ Sex: M _____ F _____

Age (Yrs. Mos.) _____ Birthday _____ Will enter Kindergarten in Sept 20 _____

General Information

Fathers Occupation: _____ Mothers Occupation _____

Other Children in Family _____ Names and Ages _____

Parents living together _____ Primary Language spoken at home _____ Additional Language _____

Social History

How does child act when left by parents? _____

With whom do you leave your child when you go out? _____

Do you anticipate any problem in leaving your child at Nursery School? _____

How often do you leave your child? _____

Has your child worked with these materials before? Scissors _____ Glue _____ Paint _____ Crayons _____

Personality Development

Please circle any that pertain to your child: Happy, Moody, Affectionate to family, Affectionate to others, Jealous, Shy, Outgoing, Calm, Excitable, Hyperactive, Relaxed, Tense, Cries Easily, Mild Mannered, Easily Angered, Self Confident, Insecure.

Experiences affecting behavior: (hospital, recent move, new baby, etc.) _____

Helpful Information Concerning your Child

Does your child receive any individual related services such as speech, occupational therapy, physical therapy, or special education? _____

Do you anticipate needing these services during your child's school days? _____

Allergies(include any food your child can not have) _____

Does your child sleep through the night? _____ Does your child nap during the day? _____

Term used for urination _____ Term used for bowel movement _____

Is your child toilet trained? _____ When? _____ Does child ever have accidents? _____

Discipline: What methods do you use at home? _____

In what ways would you like Growing Tree North to help your child? _____
