

STUDENT INVENTORY

CHILD'S WORLD NURSERY SCHOOL
35 Middle Neck Road
Port Washington, NY 11050; 516-883-4141

Student name _____

Year _____ Class _____

Date of Birth _____

1. How would you describe your child?
2. Does your child have any special fears or special needs?
3. What would you like your child to gain from being a part of our nursery school?
4. What does your child like to do?
5. Toileting procedures:
6. What elementary school will your child attend?
7. Will your child be going on to Kindergarten in the Fall?
8. Is he/she allergic to any foods or insects?
9. Has an ophthalmologist or optometrist examined your child's vision?
10. Does your child have recurrent ear infections?
11. Is your child receiving or has he/she received services?
12. Names and ages of siblings.
13. Does anyone else reside in your home? (grandmother, housekeeper, etc.)
14. Has your child attended nursery school previously?

Reminders:

1. A.M. and P.M.: ***Escort child into school*** and into his/her room. ***Do not drop child off in the parking lot.***
2. Notify teacher ***in writing*** at any time someone other than parent will be ***picking up*** the child.
3. Bring an ***extra change of clothing*** in a shoe box -- mark box and each item with child's name.
4. **PLEASE LABEL ALL CLOTHING**
5. Please feel free to visit or call at any time.