

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

STUDENT INVENTORY

Student Name: _____

Date of Birth: _____

Year: 2021-2022 Class: _____

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 are some things your child likes to eat/drink?
5. What social games does your child like to play (i.e., peek-a-boo)?
6. What type of toys does your child likes to play with?
7. What type of activities does your child like (i.e., sports, arts/crafts)?
8. Is your child allergic to any foods or insects?
9. Toileting procedures:
10. Does your child have a tendency to bite and/or hit when frustrated?
11. What celebrations/holidays does your family celebrate?
12. Is there a special talent, food or culture that you would like to celebrate with the class?
13. Has your child seen an optometrist/ophthalmologist?
14. Has your child seen a dentist?

Turn Over

15. Has your child been diagnosed with a medical condition?
16. Does your child have any health issues, (ex: surgery, chronic illness, gagging, and recurrent ear infections)?
17. Has your child ever been evaluated for services?
18. Is your child receiving or has he/she received educational services (i.e. Speech, OT, PT)?
19. Is there anything going on in your household we should be aware of?
20. Names and ages of siblings.
21. Does anyone else reside in your home? (Grandmother, Nanny, etc.)
22. Has your child previously attended nursery school?
23. What elementary school will your child attend?