



YORKTOWN COMMUNITY NURSERY SCHOOL

P.O. Box 1146, 247 Veterans Road, Yorktown Heights, NY 10598

Phone: (914) 962-7868 Fax: (914) 962-1349

www.ycns.org

HELPFUL INFORMATION FORM

Date ___/___/___

CHILD INFORMATION

Name _____ Male___ Female___
Home Address Street _____ Apt _____
City _____ State ___ Zip _____
Phone (____) _____ Date of Birth ___/___/___
E-mail _____

FAMILY

Mother

Name _____
Home Address Street _____ Apt _____
(If different) City _____ State ___ Zip _____
Phone (____) _____ Cell Phone (____) _____
Occupation _____

Father

Name _____
Home Address Street _____ Apt _____
(If different) City _____ State ___ Zip _____
Phone (____) _____ Cell Phone (____) _____
Occupation _____

Other Family Information

With whom has the child lived for most of the past year? ___ Mother ___ Father ___ both
___ Other (specify) _____

Siblings and ages _____

Other household members _____

Pets in family _____

What languages are spoken at home? ___ English ___ Other (specify) _____

MEDICAL HISTORY – Child’s health since birth

EYES Has you child ever had trouble seeing? Yes No
Does your child hold books and objects close to his or her face? Yes No
Have your child’s eyes ever looked crossed? Yes No
Have you ever suspected that your child has vision problems? Yes No
If yes, please explain:

EARS Has your child had frequent ear infections? Yes No
Has your child ever had trouble hearing? Yes No
Have you ever suspected that your child has hearing problems? Yes No
If yes, please explain:

COORDINATION Is your child able to ride a bike/tricycle? Yes No
Has your child every had trouble walking, climbing, reaching Yes No
or holding on to things?
If yes, please explain:

HEALTH Has your child ever had any significant injuries or hospitalizations? Yes No
If yes, please explain:

Has your child ever had a seizure? Yes No
If yes, please describe:

Does your child have any allergies? Yes No
If yes, please describe:

Is your child presently on any medication? Yes No
If yes, please describe:

Please describe any other health concerns:

CHILD'S DEVELOPMENT

Can your child-			
Feed him or herself using a spoon and/or fork?	Yes	No	
Wash and dry his or her own hands?	Yes	No	
Help with dressing or dress with assistance?	Yes	No	
Stay with a babysitter?	Yes	No	
Speak so that he or she can be understood by others?	Yes	No	
Express his or her thoughts and needs easily?	Yes	No	
Do you have any concerns about your child's appetite or willingness to try different foods?	Yes	No	
If yes, please explain:			

Is your child-	Highly active?	Yes	No
	Very quiet?	Yes	No

Is your child-	Toilet trained during the day?	Yes	No
	In need of help toileting?	Yes	No

Does your child-	Play with blocks, boxes, cups or other construction toys with help?	Yes	No
	Use crayons or markers to scribble or draw	Yes	No
	Listen to stories being read?	Yes	No
	Turn pages of a book and look at pictures?	Yes	No
	Recall stories or events?	Yes	No
	Enjoy playing alone or with an imaginary friend?	Yes	No
	Talk with your friends/relatives who come to visit?	Yes	No
	Follow simple age-appropriate directions?	Yes	No

What are your child's favorite activities?

Does your child have opportunities to play with other children?	Yes	No
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How many hours a day does your child spend watching TV?	<hr/>	
Does he or she sit very close to the TV?	Yes	No
Does he or she turn up the volume very high?	Yes	No

Does your child have specific fears or sensitive areas?	Yes	No
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Do you have any questions or concerns about any area of your child's development? If so, please describe:	Yes	No
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EDUCATION

School district child will attend _____

Other nursery school experience _____

Has your child received Early Intervention Services? Yes No
If so, please describe the type of services and when your child began and ended/will end?

Has your child received services through the school district? Yes No
If so, please list the type of services, and when services began and ended/will end:

What would you like the nursery school to do for your child?

Is there any other information you think would be helpful to your child's teacher?

Parent's signature _____ Date ____/____/____

Thank you for taking the time to respond. This information will help your teacher to prepare and plan for a year of development, learning and fun at nursery school.