

# COMMUNITY DAY NURSERY

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Name Child is called by Family: \_\_\_\_\_

Parents' Names: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Marital Status  Married  Single  Separated  Divorced

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Allergies/Dietary Restrictions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Toileting/Potty Trained:  Yes  No

Language Spoken at home: \_\_\_\_\_

Comments:

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## CLASSROOM ASSIGNMENT

Room #: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher Assistant: \_\_\_\_\_