

PERMANENT RECORD CARD (CONFIDENTIAL TO STAFF)

CHILD'S NAME \_\_\_\_\_

Please complete both sides

Birthdate \_\_\_\_\_

**St. Stephen's Nursery School**

1070 Dutch Rd.

Fairview, PA 16415

Family name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**HOME BACKGROUND**

FATHER

MOTHER

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Business address \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation (present/former) \_\_\_\_\_

Interest and hobbies \_\_\_\_\_

Interest and hobbies \_\_\_\_\_

Community organizations you participate in

Father \_\_\_\_\_

Mother \_\_\_\_\_

Do both parents now live with the child \_\_\_\_\_ Is child adopted \_\_\_\_\_ At what age? \_\_\_\_\_ Is child aware of this? \_\_\_\_\_

Other members of household: (siblings, grandparents, servants)

State name, age and relationship to the child \_\_\_\_\_

Does child share room? \_\_\_\_\_

Has child lived elsewhere than present home? \_\_\_\_\_

Has child had Sunday school, dancing class, any other formal group experience? \_\_\_\_\_

**In the box below give a brief description of your child's personality.**

PLEASE COMPLETE THE OTHER SIDE OF THIS CONFIDENTIAL RECORD FORM.

Does your child still take an afternoon nap? \_\_\_\_\_ How long? \_\_\_\_\_ Is appetite good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_

Fruit juice or other allergies? \_\_\_\_\_ Any eating problems? \_\_\_\_\_

Has child complete control of urination? \_\_\_\_\_ B.M. \_\_\_\_\_ Does child need help? \_\_\_\_\_

Words used for urination \_\_\_\_\_ B.M. \_\_\_\_\_ If boy, does he stand? \_\_\_\_\_

How much help is given dressing and undressing? \_\_\_\_\_

Does child know how to put on boots? \_\_\_\_\_ Jacket? \_\_\_\_\_ Mittens? \_\_\_\_\_ Does child wash himself? \_\_\_\_\_

Brush his own teeth? \_\_\_\_\_ Any health problems? \_\_\_\_\_

**SPEECH:** Enunciation: distinct, understandable, or difficult? \_\_\_\_\_ Does child use sentences? \_\_\_\_\_

Difficulties with any letters? \_\_\_\_\_

**PLAY:** Does child prefer to play alone, with adults or with other children? \_\_\_\_\_ Playmates# \_\_\_\_\_ Ages \_\_\_\_\_ Sex \_\_\_\_\_

How does child get along with playmates? \_\_\_\_\_ Any imaginary playmates? \_\_\_\_\_

How much time is spent with mother? \_\_\_\_\_ Father? \_\_\_\_\_ Other caregivers? \_\_\_\_\_

How much time alone? \_\_\_\_\_ Does child put toys away? \_\_\_\_\_ Is child read to? \_\_\_\_\_

How often? \_\_\_\_\_ Is child sung to? \_\_\_\_\_ How often? \_\_\_\_\_

**NERVOUS HABITS:** Thumb sucking, nail-biting, masturbation, nose picking, etc.? \_\_\_\_\_

What have parents done about it? \_\_\_\_\_

Any pertinent facts to help us better understand your child might be added here \_\_\_\_\_

**TO WHAT EXTENT ARE YOU INTERESTED IN PARTICIPATING IN THE NURSERY SCHOOL?**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Hobbies and interests to share \_\_\_\_\_ Hobbies and interests to share \_\_\_\_\_

Available to drive to field trips? \_\_\_\_\_ Available to drive to field trips? \_\_\_\_\_

What program topics would you suggest for parent education during the school year? \_\_\_\_\_