

St. Thomas Nursery School

Child Information

Child's Name _____ Birthdate _____

What name would you like us to call your child and use on his classroom materials (cubbie, placemat, etc.)?

Who lives with your child? Please include sibling ages and household pets.

What are your child's favorite activities?

Has your child had any previous experience with preschool or daycare before?

Please list any allergies or other health conditions we should know about:

Does your child have any special concerns or fears that would be helpful for us to be aware of?

Do you have any special goals for your child this year?

Is there any other information that would be helpful for us to know about your child?

Our parents are a wonderful resource for us as we continually strive to present new information to the children in an engaging, informative manner. Please list below your occupation and/or any special skills/interests you may have that you would be interested in sharing with your child's class.