

THE FIRST CONGREGATIONAL CHURCH NURSERY SCHOOL
Child's Personal History
2025-2026

Start date of school: _____ Age group: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Tel: _____

Email Address: Parent 1: _____

Email Address Parent 2: _____

Parent 1 Name: _____ Cell: _____

Occupation: _____ Name of Company: _____

Home address (if different from above) _____

Business Address: _____ Business Tel: _____

Parent 2 Name: _____ Cell: _____

Occupation: _____ Name of Company: _____

Home Address (if different from above): _____

Business Address: _____ Business Tel: _____

Parents' Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Brothers and Sisters of Child:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

PICK-UP: Local person(s) to whom my child may be released and who may transport my child by car in case of emergency/late pickup. We need 3 names not including parents. All contacts should be local.

1. Name: _____ Address: _____

Tel: _____ Relationship to child: _____

2. Name: _____ Address: _____

Tel: _____ Relationship to child: _____

3. Name: _____ Address: _____

Tel: _____ Relationship to child: _____

REVIEW OF PARENT GUIDE

I have had a chance to review and discuss all School Policies as outlined in the Parent Guide with FCCNS staff. (posted on the school's website)

Parent's Signature _____

PRIVACY - PHOTO PERMISSION

I give permission to have my child's photo appear on class Instagram and/or Facebook accounts, **only** to be viewed by parents of the class, and deleted at the end of the year.

YES **NO** Parent's Signature _____

From time to time, children's pictures are taken and used on the School website; in presentation materials; and in the newspaper.

- If you do not wish to have your child's picture used as stated above, please sign and circle "no" below.
- If it is acceptable to use your child's picture in this manner, please sign and circle "yes" below.

YES **NO** Parent's Signature _____

PERSONAL HISTORY INFORMATION

Has your child had group play experience? _____ Where? _____

Does your child dress self? _____ Undress? _____ Does your child nap? _____

Is your child right or left handed? _____

What time does your child usually go to bed at night? _____ Awaken? _____

Does your child have any speech or hearing concerns? _____

Has your child been receiving any special services, such as Birth to 3? _____

Are there any other concerns you would like us to be aware of?

HEALTH INFORMATION - 2025/2026

Child's name: _____ **Age group:** _____

What past illnesses (or surgeries) has your child had and at what age? _____

Tonsillitis? _____ Ear aches? _____ Stomach aches? _____ Nose bleeds? _____

Does your child run fevers easily? _____ Has your child had any serious accidents? _____

Explain: _____

ALLERGIES

Is your child allergic? _____ If 'yes', to what? _____

How does the allergy manifest itself? _____

Hay fever _____ Asthma _____ Hives _____ Food _____ Animals _____

Medication: _____ Other: _____

Child's Physician: _____ Tel: _____

Hospital Choice: _____

- ***If your child has allergies, please contact the school director at kguarini@fccnurseryschool.org or (203) 655-3150 to set up a meeting to discuss a care plan***