

School Year: 2024 - 2025

**FIRST PRESBYTERIAN CHURCH NURSERY SCHOOL**  
**STUDENT BIO/BACKGROUND FORM**

(Please print CLEARLY)

Child's Name \_\_\_\_\_  
Last First Nickname

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Child's Class (please circle) **TWO's** **THREE's** **FOUR's**

Names & relationships to child of other members of your household including other children (and their ages) adults (*no age required!*) and pets, too!

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Names & relationships to child of other important people in your child's life:

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Do both parents reside at home? \_\_\_\_\_ Have there been any lengthy separations from either parent? \_\_\_\_\_

Daytime Caregiver (if other than parent)

Name: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

List any health information that should be known by your child's teachers (food or medication allergies, vision or hearing problems, activity restrictions, regular medication, etc.):

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**Please Tell Us About Your Child...**

Child's previous group/school experience: \_\_\_\_\_

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Age and gender of child's most frequent companions: \_\_\_\_\_

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Interests/Dominant Play Interests at Home (favorite toys, stories and imaginary playmates): \_\_\_\_\_

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**OTHER SIDE PLEASE**

Fears: \_\_\_\_\_  
\_\_\_\_\_

Toilet Trained: Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_ Mood upon waking? \_\_\_\_\_

How does your child respond to new situations? \_\_\_\_\_  
\_\_\_\_\_

How does your child respond to separation? \_\_\_\_\_  
\_\_\_\_\_

What makes your child happy? \_\_\_\_\_

What makes your child sad? \_\_\_\_\_

What makes your child frightened? \_\_\_\_\_

Is your child's speech: Clear? \_\_\_\_\_ Understandable? \_\_\_\_\_ Difficult? \_\_\_\_\_

Is your child currently receiving, or has received in the past, any support services, such as Speech, Occupational or Physical Therapy? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Is a language other than English spoken in the home? \_\_\_\_\_ As the primary one? \_\_\_\_\_

Which languages? \_\_\_\_\_

Where would you like to see growth this year resulting from your child's preschool experience?

\_\_\_\_\_  
\_\_\_\_\_

Additional information that you feel is important for us to know about your child:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If your child is new to First Pres., please include a photo of him/her so we can recognize them on the first day of school.**