



Circle Nursery School

Family and Child Information

2017-2018

| | | | |
|----------------|-------|-------|----|
| Student's Name | | | |
| Class | 2 Day | 3 Day | PM |

Siblings living at Home

| Name | Age | Check if Attended CNS |
|------|-----|-----------------------|
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| | |
|---|--------------------------------------|
| Do you call your child by a nickname? | Yes No |
| | If Yes, please specify: |
| Is your child used to being with other children? | Yes No |
| Does your child display any emotional fears, behavior problems, or difficulties in dealing with others? (peers or adults)? | Yes No |
| Does your child need assistance in the bathroom? | Yes No |
| Does your child have any special needs, including allergies, food allergies, or dietary concerns? | Yes No If yes, please explain: |

Please note that teachers are not authorized to administer medications or perform medical procedures. If medications or medical procedures are necessary, it is the responsibility of the parent or guardian to make arrangements. If your child has any special needs, please contact the school before September 1 to develop a plan to meet your child's needs. For children with allergies, an allergy action plan must be submitted prior to September 1.

| | |
|---|---|
| I give permission for our family address, phone number, and email address to be listed in the class directory. | Yes No |
| I give permission to Circle Nursery School to photograph and or videotape my child for the purposes of publicity | Yes No |
| I am interested in | Classroom volunteer substitute teacher CNS Board Member |



Emergency Contact Information

In the event of an emergency at school, CNS staff will first contact the parents. In the event that parents cannot be reached, please list, below, people who are authorized to act in your absence.

I, _____ give permission to Circle Nursery School to contact the following individuals regarding my child in an emergency. Furthermore, I give permission to CNS to release my child, _____ to the following person(s).

Please list in order of who you'd prefer us to call first.

| Name | Phone Number | Relationship to Student |
|------|--------------|-------------------------|
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Does your child have a regular daytime babysitter that will be responsible for the transportation of your child to and from school? If so, please list their information below:

Name: _____

Address: _____

Phone: _____