MAMARONECK COMMUNITY NURSERY SCHOOL

HELPFUL INFORMATION FOR YOUR CHILD'S TEACHER

Child's name: _____ Birth date: _____

Any preferred nickname? _____

Allergy information: _____

Any dietary/medical restrictions?_____

Other school experiences: _____

Should we expect any separation problems? _____

Is your child taking any medications regularly? _____

Please explain: _____

Does your child have any special needs we should be aware of? _____

_____

Does your child receive any special services (IE/CPSE)? _____

_____

Parent's name: _____ Occupation: _____

Parent's name: _____ Occupation: _____

What is your child's primary language?

_____

Are there any specific goals that you have for your child this year?

_____

Siblings:	Name	Age
	_____	_____
	_____	_____
	_____	_____

Is your child potty trained? _____

Are there any specifics that you feel would help us understand your child better?

_____

_____

_____

What elementary school are you zoned for? _____