

Bard College Nursery School and/or Bard Children's Center  
**FAMILY INFORMATION FORM**

Child's full name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Special interests (*What does your child like to do? Favorite outings, toys or comfort items, etc*):

How would you describe your child's temperament/personality?

Does your child have fears, challenges or worries you'd like us to be aware of?

List Names of others living in home with child:

Relationship to the child:

- \*
- \*
- \*
- \*
- \*

Pets?

What languages are spoken in your home?

Are there special family traditions, cultural customs or religious beliefs you'd like us to know about and/or include in discussions or curriculum?

**Previous experience in group settings:**

*Please describe your child's previous experience in group settings (child care, play groups, etc):*

**Meals:** (check all that apply): sits at table in chair \_\_\_ sits in high-chair \_\_\_

Drinks from cup \_\_\_ Uses a sippy-cup \_\_\_ Bottle \_\_\_ if so, when? \_\_\_\_\_

List allergies or food sensitivities:

Favorite foods:

Any concerns (or restrictions) regarding meals or diet?:

**Sleep:** in crib \_\_\_ in own bed \_\_\_ in family bed \_\_\_ sleeps through night \_\_\_

Time child goes to bed: \_\_\_\_\_ Time child wakes: \_\_\_\_\_

Does child nap? \_\_\_ Nap time: \_\_\_\_\_ Need diaper during sleep times? \_\_\_\_\_

Concerns you may have about sleep routines and patterns or bedtime routines?:

**Toileting:**

When did child start using toilet/potty? \_\_\_\_\_

What words does child use for toileting? \_\_\_\_\_

**Development:**

Do you have any concerns about your child's development in the following areas?

*(check any areas that may apply)*

\_\_\_\_\_ Language development                      \_\_\_\_\_ Large motor skills (walking, climbing, etc)

\_\_\_\_\_ Small motor skills                              \_\_\_\_\_ Self help skills (toileting, eating, dressing)

\_\_\_\_\_ Social development                              \_\_\_\_\_ Behavior

Other worries you'd like to discuss with us?:

Has your child received any services such as speech therapy, physical therapy or occupational therapy? If so, please explain:

What do you hope your child will get out of his or her experience in nursery school?

Is there anything else you'd like to share with us about your child or your family?