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FAMILY INFORMATION

Child's first and last name _____ Nickname _____ Birthdate _____

Address _____ Home phone _____
Street City Zip

Mother's first and last name _____ Cell phone _____

Address _____ Occupation _____
Street City Zip
Work Phone _____

Father's first and last name _____ Cell Phone _____

Address _____ Occupation _____
Street City Zip
Work Phone _____

Name and ages of siblings _____

Family email _____

Emergency Contacts (must be local):

1. Name _____ Home phone _____ Cell phone _____

2. Name _____ Home phone _____ Cell phone _____

Is this your child's first Nursery School Experience? _____ If no, where did he/she attend? _____

Please list any allergies or health issues:

Allergies _____

Reaction _____

Other _____

Does your child have an IFSP (Individualized Family Service Plan) through Early Intervention or an IEP (Individualized Evaluation Plan) through CPSE? Yes _____ No _____

If yes, please share a copy with your child's classroom teacher on your child's first day.

Please let us know if your child receives any services or has had any evaluations for services:

Speech _____

Occupational Therapy _____

Physical Therapy _____

SEIT Provider _____

Feel free to add any information that would help us to better understand your child (fears, nervous habits, toileting issues, adoption, surgery hospitalization, etc.).