

Wooddale Community Nursery School
4003 Wooddale Avenue
St. Louis Park, MN 55416
952-926-2123
www.wooddalecommunitynursery.com

Child's Name _____ Birthdate _____

Street Address _____ Home Phone _____

City/State/Zip Code _____

Father's Name _____ Cell Phone# _____

Employer _____ Work# _____

Mother's Name _____ Cell Phone# _____

Employer _____ Work# _____

E-mail Address _____

Session Preference: A.M. _____ P.M. _____

Emergency contacts & people able to pick up your child from school (other than parents):

1. _____ Address _____

Home/Work Phone _____ Cell Phone _____

2. _____ Address _____

Home/Work Phone _____ Cell Phone _____

Child's Physician _____ Phone _____

Name/Location of Clinic _____

Hospital of Choice _____

Name/Birthdates of siblings _____

Adults, other than parents, in the household _____

FOR SCHOOL USE ONLY A.M. _____ P.M. _____ Right Hand _____ Left Hand _____ Date Application Received _____ Allergies _____

We care for and respect each child in our school.
Please help us begin to understand your child by completing these questions.

1. Please tell us about your child's playmates and friends.

2. Please tell us about your child's behavior around others (e.g., friendly, reserved, cooperative, fearful, etc.).

With parents _____

With siblings _____

With sitters and visitors _____

3. What does your child most enjoy playing? (Dress up, puzzles, active play, dolls, blocks, etc.)

4. How does your child handle transitions (i.e., separations, change of activity, taking trips, etc.)?

5. Has your child been to school or daycare before? If so, where?

6. What do you hope your child will gain from his/her experience at nursery school?

7. Would you like to comment on any other aspects of your child's physical, emotional, or social development?

Please check any of the following which apply to your child:

Right Handed _____ Left Handed _____ Allergies _____

Still Naps _____ Fears/Anxieties _____ Handicaps _____

Parent(s) Signature: _____ Date _____