

WONDER WORLD

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CHILD'S PERSONAL DATA SHEET

Child's Name: _____

Date of Birth: _____

Nick Name: _____

Age: _____

Is your child presently in good health? _____

If no please explain _____

Does your child have any **allergies**? _____

If so, please list _____

Does your child receive any medication regularly? _____

If so, please list _____

Any special considerations with regard to religious affiliations? _____

Does your child sleep well? _____

Take a nap? _____

Does he/she have a speech difficulty? _____

If so, please explain _____

Has your child had previous group experience? _____

What Kind? _____

How does he/she approach other children?

Shyly? _____

Aggressively? _____

In a friendly manner? _____

Is your child a leader? _____

Any special instructions if your child becomes ill at school _____

Other important information: _____

What do you desire your child to gain from his/her Nursery School Experience?