

**GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL**

**NEW STUDENT ENROLLMENT PACKET 2017-18**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Parent One \_\_\_\_\_

Parent One Cell Phone \_\_\_\_\_ Parent One Email \_\_\_\_\_

Parent Two \_\_\_\_\_

Parent Two Cell Phone \_\_\_\_\_ Parent Two Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

<b>INFORMATION</b>	<b>Parent #1</b>	<b>Parent #2</b>
Present Occupation		
Name of Firm		
Work Address		
Work Phone		
Former Occupation		
Interests/Hobbies/Talents		
Frequency of Business Travel		

**GUARDIAN(s) if other than PARENT(s)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SIBLING INFORMATION**

**OTHER PERSONS LIVING in HOME**

<b>SIBLING INFORMATION</b>	<b>OTHER PERSONS LIVING in HOME</b>

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Child's Name \_\_\_\_\_

MEDICAL / EMERGENCY INFORMATION

CHILD'S PHYSICIAN \_\_\_\_\_

PHYSICIAN ADDRESS / PHONE  
\_\_\_\_\_

*Is your child:*

	<u>YES</u>	<u>NO</u>	<u>Specific</u> <u>Allergy/Medications</u>
Allergic to foods	_____	_____	_____
Other allergies?	_____	_____	_____
Taking Medications:	_____	_____	_____

**LOCAL EMERGENCY CONTACTS (In order of preference):** If parent(s) is not available.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_
  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_
  
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_

PERMISSION TO SHARE CONTACT INFORMATION

GCCNS creates a **GCCNS Family Directory** which will be distributed to all GCCNS families. If you wish NOT to have your contact information published in the GCCNS Family Directory, please check the statement below:

\_\_\_ I **DO NOT** want my family contact information published in the GCCNS Family Directory.

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Child's Name \_\_\_\_\_

**PARENTAL PERMISSION FORM**

I hereby give permission to the Glenview Community Church Nursery School to:

1. Take my child on walking trips in the neighborhood, using public park facilities with the understanding that such trips are under the supervision of staff and parent volunteers with due precautions taken.
2. Use photographs of my child for publicity purposes.
3. Provide emergency care:
  - By administering first-aid
  - By calling the paramedics
  - By providing transportation to hospital or doctor.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CAREGIVER INFORMATION**

\_\_\_\_\_ I do not have a caregiver

\_\_\_\_\_ I do have a Caregiver (If checking this box please complete below)

**CAREGIVER'S NAME** \_\_\_\_\_

How can we reach your CAREGIVER during school hours?

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If your Caregiver is the primary person who brings your child to and from school and is the daily contact with the teachers, please let us know how you would like us to handle communications. Newsletters, fliers and Classroom News are placed in your child's Picture Bag. It is important that you and your Caregiver read these important notices about dates and events.

Daily communications about your child, though brief, are necessary and helpful in making a child's school experience a good one. The extent to which you wish your caregiver to be involved in these communications needs to be discussed in detail with your child's teacher during a conversation at the beginning of the school year.

Please indicate your preference below.

- I wish my Caregiver to:
- Exchange general information with the teachers
  - Share home and school concerns
  - Not be involved in any communications

Address of Caregiving Location (If **not** your own home)

\_\_\_\_\_

Phone Number of Location \_\_\_\_\_

Work schedule of Caregiver \_\_\_\_\_

Primary language of Caregiver \_\_\_\_\_ Is he/she proficient in English? \_\_\_\_\_

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Child's Name \_\_\_\_\_

How long has your family known or employed your caregiver? \_\_\_\_\_

DRIVING SCHEDULE

I give my permission for the following people to pick up my child:

<u>NAME</u>	<u>PHONE NUMBER/S</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____

I am in a carpool with the following people:

<u>DRIVER</u>	<u>PHONE NUMBER/S</u>	<u>NAME OF CLASSMATE</u>
_____	_____	_____
_____	_____	_____

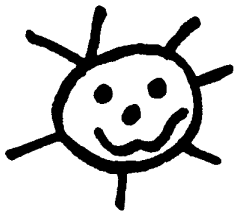
PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*IMPORTANT!** Please inform your child's teacher in writing if someone other than you, your regular caregiver or a carpool parent will be picking up your child.

**\*\*\*REQUIRED!** A photo ID (license, state ID, passport) of any adult picking up or dropping off (outside of the parents recorded in this packet) must accompany this packet in order to ensure your child's safety. This includes nannies and all occasional caregivers.

**Please electronically insert or manually affix photos below**

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# Glenview Community Church Nursery School

1000 ELM STREET • GLENVIEW, ILLINOIS 60025-2897 • (847) 729-1440



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## GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL

**Please check off each requirement and sign below to indicate that you have received, read and understood the following GCCNS policies. Your application will not be complete without the completion of this signature page.**

I / We have made a selection regarding the sharing of our families contact information with the rest of the GCCNS community (please see Permission to Share Contact Information included in this packet)

I / We understand that by signing this form we give GCCNS permission to take my child on field trips, use photographs of my child for publicity purposes and provide emergency care (please see Parental Permission Form included in this Packet)

I / We have indicated if we do or do not use a caregiver and if so complete all necessary information about that person (see Caregiver Information Form)

I / We have completed the driving schedule and attached photo IDs (license, state ID or passport) of any adult picking up / dropping off my child (outside of the parents recorded in this packet).

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Child's Name \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL  
NEW STUDENT HISTORY FORM

SUMMARY CHECK LIST

Is your child:

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Allergic to foods (and/or other allergies?)	_____	_____	_____
Taking Medications:	_____	_____	_____
Having difficulty with:			
Vision	_____	_____	_____
Hearing	_____	_____	_____
Receiving therapy:			
Speech	_____	_____	_____
Occupational	_____	_____	_____
Physical	_____	_____	_____
Psychotherapy	_____	_____	_____
Enrolled in:			
NSSED Dist. 34	_____	_____	_____
Other special needs programs?	_____	_____	_____

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Child's Name \_\_\_\_\_

Another preschool? \_\_\_\_\_

**Physical Development**

Were there any unusual circumstances during pregnancy/delivery?

Was birth premature?

Birth weight?

Began crawling at what age?

Began walking at what age?

Describe child's temperament/personality as a baby (easy going, active etc.)

**Toilet Training**

Is child toilet trained? Days \_\_\_\_\_ Nights \_\_\_\_\_

Does child wear pull-ups? Days \_\_\_\_\_ Nights \_\_\_\_\_

Does s/he have any special habits or terms with regard to toileting that might be helpful for us to know?

**Health**

Does your child have frequent ear infections or sinus infections?

Has your child ever been hospitalized (serious illness, surgery, accident)?

Are there any other health factors which you believe would be helpful for us to know?

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Child's Name \_\_\_\_\_

**Sleeping**

Does your child have a room of his/her own \_\_\_\_\_ Shared with \_\_\_\_\_

What is his/her usual bedtime?

When does s/he awaken?

Does s/he take a nap? \_\_\_\_\_ how long? \_\_\_\_\_

Is there any special bedtime routine?

A favorite toy that accompanies him/her?

**Eating**

Does s/he have any eating problems?

Did s/he have any problems as a baby?

**Home and Family**

What language(s) are spoken in your home?

What experiences does s/he share with his/her brothers and sisters?

What kinds of activities do you enjoy doing as a family?

Does your child have a household chore(s) and if so what chore(s)?



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Child's Name \_\_\_\_\_

How much TV does your child watch per day?

**Play and Experiences**

What kinds of play does your child enjoy? Please list some of his/her favorite toys and interests.

Is s/he used to playing with other children?

Are there family pets?

If s/he has lived in other places please specify what experiences s/he may have had?

**Behavior and Discipline**

How would you describe your child's personality (outgoing, cautious, talkative etc.)?

What do you enjoy most about him / her?

Are there specific situations in which s/he tends to become upset, angry, or afraid?

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Child's Name \_\_\_\_\_

How does s/he calm him/herself?

How do you calm him/her?

In general, how do you limit or discipline him/her?

What is your child's response?

**Adjusting to Nursery School**

Has s/he had previous experience with groups, nursery school or pre-school aged classes?

If so, when and where?

Does s/he like to do things for him/herself or does s/he prefer help (dressing, undressing, solving problems in play or with other children)?

Does your child know other children attending GCCNS?

**Helpful Information**

Are there particular things you would like us to work on together during the year with your child?

What family traditions or holidays do you celebrate that are important to your family?

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Is there any other additional information about your child you would like us to know?

What kindergarten will s/he attend?

Is there any other information you would like to share to better help us know your child?