

**GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL**

**2018-2019**

GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL  
ENROLLMENT PACKET

Insert Child's Photo



Child's  
Photo

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

"School" 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 \_\_\_\_\_

INFORMATION	FATHER	MOTHER
Present Occupation		
Name of Firm		
Work Address		
Work Phone		
Former Occupation		

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

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

**SIBLING INFORMATION**

**OTHER PERSONS LIVING in HOME**


**MEDICAL / EMERGENCY INFORMATION**

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

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

*Is your child:*

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

**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.

**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? \_\_\_\_\_

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

**GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL 2018-2019**

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**




# Glenview Community Church Nursery School

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



## GLENVIEW COMUNNNITY 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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**Parent Signature (Please type in signature)**

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**Date**

GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL  
STUDENT HISTORY FORM

SUMMARY CHECK LIST

Is your child:

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
a. Allergic to foods (and/or other allergies?)	_____	_____	_____
b. Other medical conditions of which we should be aware?	_____	_____	_____
c. Taking Medications:	_____	_____	_____
d. Having difficulty with:			
i. Vision	_____	_____	_____
ii. Hearing	_____	_____	_____
e. Receiving therapy:			
i. Speech	_____	_____	_____
ii. Occupational	_____	_____	_____
iii. Physical	_____	_____	_____
iv. Psychotherapy	_____	_____	_____
f. Enrolled in:			
i. NSSED Dist. 34	_____	_____	_____
ii. Other special needs programs?	_____	_____	_____
iii. Another preschool?	_____	_____	_____

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?

**Play and Experiences**

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)?

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?

Has your family lived any place other than Glenview?

**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?

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?

**Home and Family**

What language(s) are spoken in your home?

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

**Helpful Information**

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

What kindergarten will s/he attend?

Is there any additional information about your child that would be helpful for us to know?

**CHILDREN NEW TO GCCNS**

**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 your child know other children attending GCCNS?