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Greenbelt Nursery School

Accredited by NAEYC's Academy of Early Childhood Programs

Date: _____

ALL ABOUT: _____
(Child's full name)

This information will help your child's teacher get to know your child and help your child feel at home at school. Information disclosed on this form is for the use of your child's teacher only and will remain confidential. If your child is new to the school, please attach a photo

Birth Date: _____ Name to be used at school: _____

	Name	Relationship
Adults in the home:	_____	_____
	_____	_____
	_____	_____

	Name	Age	Sex
Other children in the home:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Medical Insurance Carrier: _____ Name of Insured: _____

Policy #: _____

Do persons other than the parents care for the child on a regular basis? ___ yes ___ no

If yes, please identify these people and say how often they care for the child. _____

Language or languages spoken in the home: _____

Have you moved recently? _____

If new to Greenbelt Nursery School does your child have any prior group experience? ____ yes ____ no

If yes, please tell us where: _____

What do you feel are your child's strengths?

Write a brief description of your child. Include his/her favorite things, energy level, likes and dislikes, etc. Include anything that you think might be helpful to better our understanding of your child:

Is there any additional information that could affect your child's adjustment or your participation at school? Is there anything your child might need help with?

In what way do you expect your child's nursery school experience to benefit his/her growth and development during the coming year?
