

Nursery Form  
Testing - April 28 & 30, 2020

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

DOB: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

In what class is parent working? \_\_\_\_\_

My child's typical feeding schedule is: \_\_\_\_\_

\_\_\_\_\_

My child may have snacks such as (ex: Cheerios, Gold Fish crackers): \_\_\_\_\_

\_\_\_\_\_

When upset, you may calm my child by (ex: rocking, giving a blanket, singing, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When it is nap time, my child likes to (ex: be rocked, laid on tummy): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Discipline Method:

\_\_\_\_\_ My child is not old enough for time out

\_\_\_\_\_ You may sit my child in time out if needed

\_\_\_\_\_ You **may not** sit my child in time out

\_\_\_\_\_ Come and get me if discipline is needed

Parent's Signature/Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_