



17 Greenwich Church Road
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ENROLLMENT FORM

1. Child's Name: _____ M _____ F _____
2. Parents: _____ Marital Status: _____
Mother _____
Father _____ Custody: _____
3. Parent's Signature: _____ Date: _____
4. School District Child Will Attend: _____
5. Siblings: (names, ages)

6. Other Members of Household: (name, relationship)

7. Pets: (names, types) _____

8. Does your child have any health problems that we should be aware of?

9. Does your child take medication regularly? _____

10. Please describe any allergies (food, medicine, bee stings, etc.) your child may have.

11. Is there any additional information you feel we should know concerning your child's health? _____
12. Does your child wear glasses? Circle one YES NO
13. My child is (circle one) LEFT HANDED RIGHT HANDED
14. How would you describe your child's speech? _____
15. Please describe any dislikes, fears, or phobias you child may have.

16. Please describe any unusual toilet habits your child may have.

17. Has your child attended preschool or daycare prior to GNS? If so, please describe previous experience. _____

18. Do you have any special hobbies or interests to share with children?

19. Do you have any concerns or questions about any aspect of your child's development?
(physical, social, emotional, intellectual) _____

20. What do you hope will be included in your child's preschool program?

21. How would evaluate your child's personality? (circle traits that apply)

Happy	Aggressive	Friendly	Moody
Dependent	Stubborn	Impulsive	Fearful
Sleepy	Even-Tempered	Attentive	Sympathetic
Good-Natured	Shy	Quiet	Clumsy

22. Comments: _____

23. Is there anything else you feel that we should know about your child?

(Signature of Parent)

(Date)