

The Glen Rock Cooperative Nursery School
354 Rock Road
Glen Rock, New Jersey 07452
Phone: 201-652-1228

Profile Information Sheet

1. Child's Name _____ Class _____
Address _____ City/Zip _____
 2. Who has direct charge over your child? _____
 3. In what places has he/she lived? _____
 4. What languages are spoken at home? _____
 5. At what age did he/she walk? _____ Talk _____
 6. Does he/she speak clearly? _____
 7. To what extent does the child dress him/herself? _____
 8. Does he/she naturally use the right or left hand? _____
 9. Does he/she have a rest period during the day? _____
 10. What time does he/she go to bed at night? _____
 11. Has he/she any fears? _____
 12. Does he/she play independently or need to be entertained? _____
 13. Do you consider your child well coordinated? _____
 14. Is your child on any medication? _____
 15. Does your child have any allergies? _____
 16. Does your child have any physical handicaps not covered in the health form? _____
 17. Do you expect your child to have toileting problems at school? _____
 18. Did you have any birth difficulties with this child? _____
 19. With whom does your child spend the greater part of time? Adults: Children: _____
 20. What are the ages of the children with whom your child plays? _____
 21. Describe briefly your child's interests _____
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Parent's Signature _____ Date: _____