



**APPLICATION FOR
CENTURY NURSERY SCHOOL
35 MAPLE STREET
BRISTOL, CONNECTICUT 06010**

SCHOOL YEAR _____

CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ / _____ / _____
month day year

PHONE NUMBER _____
CELL PHONE NUMBER _____

CHILD IS CALLED _____ SEX: _____ M _____ F

PARENTS FULL NAME: _____

IS THE CHILD LIVING WITH BOTH PARENTS? _____

ARE THE PARENTS DIVORCED? _____

FATHER'S OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ PHONE NUMBER: _____

ADDRESS: _____

MOTHER'S OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ PHONE NUMBER: _____

ADDRESS: _____

OTHER PERSONS IN HOUSEHOLD: (please list name, age and relationship)

PERSON OTHER THAN PARENTS TO CALL IN CASE OF EMERGENCY (local, if possible)

Name

Relationship

Cell Phone Number

Phone Number



DO YOU PREFER:

Tuesday / Thursday 2-day AM Classes (3 year old) _____

Tuesday / Thursday 2-day PM Classes (3 year old) _____

Monday / Wednesday / Friday 3-day AM Classes (4 year old) _____

Monday / Wednesday / Friday 3-day PM Classes (4 year old) _____

PLEASE LIST ANY LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD:

TOILETING: (Child must be toilet trained)

What request words does your child use when asking to use the toilet? _____

Frequency? _____

DRESSING:

Does your child dress him/herself? _____

Any difficulties? (i.e. buttons, belts or zippers) _____



BEHAVIOR:

Circle the appropriate words:

calm - excitable - tires easily - easily angered - whining - crying - happy - negative -

cooperative - shy - friendly - tearful - aggressive - persistent - sensitive - other: _____

What type of discipline is used most frequently at home? (verbal, time outs, redirecting)

Please list any specific behavioral problems _____

PHYSICAL:

Does your child have any chronic conditions? (asthma, allergies, etc.) _____

Does your child have any food allergies? _____ If so, please list: _____

CHILD'S DOCTOR: _____ PHONE NUMBER: _____

ADDRESS: _____

GENERAL:

Describe any organized group experience your child has had: (Religious school, dance lessons, movement classes, day care, story hour) _____

PARENT'S SIGNATURE: _____ DATE: _____