

**Twin Spring Farm Day School  
Nursery - Pre-First  
STUDENT INFORMATION SHEET**

*(Please return to the classroom teacher on the first day of school)*

The following information will aid the teachers in helping your child adjust to school:

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Members of the family:** *(siblings and any other family members besides parents residing in the home)*

<b>Names</b>	<b>Ages</b>

Parent/Guardian's name & occupation: \_\_\_\_\_

Parent/Guardian's name & occupation: \_\_\_\_\_

Summer Camp attended: \_\_\_\_\_ Previous school attended: \_\_\_\_\_

What activities does your child enjoy most? \_\_\_\_\_

What activities does your child particularly dislike? \_\_\_\_\_

Do you as a family have a hobby which may interest children? Would you be interested in visiting the classroom to talk about the hobby?

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Does your child have any special language for going to the bathroom? \_\_\_\_\_

Does your child need assistance with personal bathroom care? \_\_\_\_\_

I am giving permission for a TSF staff member to assist my child with personal bathroom care when needed. *(please initial)* \_\_\_\_\_

Does your child have any special language for regurgitating or for instances when they are not feeling well? \_\_\_\_\_

*over*

Please check each item your child knows or has experienced:

- ☐ Can handle bathroom procedures
- ☐ Is read to: daily *or* on occasion *(please circle)*
- ☐ Has at least one job/responsibility at home \_\_\_\_\_
- ☐ Plays with other children
- ☐ Is supervised by other adults
- ☐ Is taught safety rules and information about strangers
- ☐ Watches TV - types of programs: \_\_\_\_\_
- ☐ Uses/watches an iPad/tablet or mobile device - how often: \_\_\_\_\_
- ☐ Can climb and has some coordination
- ☐ Participates in family discussions
- ☐ Follows directions
- ☐ Can walk and run without awkwardness
- ☐ Ask questions
- ☐ Ask for assistance, when needed
- ☐ Shy around adults
- ☐ Shy around other children
- ☐ Dominant hand - right, left, undetermined *(please circle)*

Our family celebrates - Christmas, Hanukkah, Ramadan, Diwali, Kwanzaa, *please specify any additional*

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Please provide any additional information that may be helpful to the classroom teachers: