



Temple Shalom

Selma Maisel Nursery School

...a place where learning & discovery begin

Background Information 2018-2019

Please complete this background information form on your child and return it to the school. The information will help us to become better acquainted with your child. Feel free to use additional paper as necessary.

Child's Name (first, middle & last): _____

Date of Birth: _____ Gender: Boy Girl

ANY ALLERGIES? No Yes—list: _____

Parent 1 Name (first & last): _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____ Cell Phone: _____

Business Address: _____

Email: _____ Home Phone: _____

Parent 2 Name (first & last): _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____ Cell Phone: _____

Business Address: _____

Email: _____ Home Phone: _____

Other children in household (names, ages, relationships):

Other adults in household (grandparents, nannies):

Pets (names, type of animal):

Does your child have any dietary restrictions?

Please fill out other page →

Background Information (continued)

Please describe any concerns you have with your child's development, including any special services that have been used or requested:

Please tell us about your child:

Please tell us about your family:

Why did you choose Temple Sholom Selma Maisel Nursery School?
