

HILLVIEW NURSERY SCHOOL  
PERSONAL INFORMATION SHEET

P.O. BOX 5 ~ 219 PARKVIEW DRIVE ~ BROOMALL, PA, 19008

Phone (610) 356-8677

Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
(First) (Middle) (Last)

Nickname \_\_\_\_\_

Birth date \_\_\_\_\_

Is child right or left handed? \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Phone (cell or work) \_\_\_\_\_

Father's Interests \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Phone (cell or work) \_\_\_\_\_

Mother's Interests \_\_\_\_\_

PLEASE INDICATE (BY CIRCLING) WHICH PHONE NUMBER IS THE BEST WAY TO REACH YOU IN CASE OF AN EMERGENCY.

List the names and phone numbers of 2 neighbors or nearby relatives we could call in an emergency if we can't reach you.

1. \_\_\_\_\_

2. \_\_\_\_\_

Child's Siblings (Names and Dates of Birth)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Describe your child's relationship with siblings

\_\_\_\_\_  
\_\_\_\_\_

Are there any others living in the household? (yes/no) \_\_\_\_\_ relationship to child \_\_\_\_\_

Languages other than English spoken in the home: \_\_\_\_\_

Describe any previous pre-school or day-camp experience your child has had

\_\_\_\_\_

Has your child had any formal testing?(yes/no) \_\_\_\_\_ if so please indicate what \_\_\_\_\_

Has your child received early intervention?(yes/no) \_\_\_\_\_ If your child has an IEP please bring it with you to your conference

Does your child have any special needs or learning issues that you are aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else that you would like us to know about your child that would help us to better understand him or her?

\_\_\_\_\_

\_\_\_\_\_

Give a brief description of your child's personality (i.e. shy, outgoing, talkative, excitable, any particular fears - anything you feel would help us get to know and understand your child)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any goals you have for your child this year:

\_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained?(yes/no) \_\_\_\_\_. Does your child need to be reminded to use the toilet? \_\_\_\_\_. Please note Hillview students are required to be potty-trained. We understand that occasional accidents may occur and that it is a steady progression for certain individuals to become more self-sufficient. Here at Hillview our "potty-training" needs have become more evident and we ask for your support in this area. If a child requires a change, their parents will be contacted and asked to come change their child. For younger students we also suggest an extra change of clothes be brought to school and kept in their cubby.

HELP US KNOW YOUR CHILD BETTER! (check as many as apply)

1. What type of play does your child prefer?

Active _____	Quiet _____
Indoor _____	Outdoors _____
Alone _____	With a peer _____
With an adult _____	Dolls _____
Crafts _____	Dress-up _____
Manipulative _____	Music _____
Imaginative Play _____	Trucks _____
Blocks _____	Others _____

2. Which behavior best describes your child when upset?

Cries easily _____	Has Temper Tantrums _____
Bites _____	Hits _____
Kicks _____	Verbally abusive _____
Withdraws _____	Regains composure easily _____
Other: _____	

3. What situations might cause your child to become upset?

Sharing _____	Food issues _____
Limit setting _____	Being touched _____
Lightning _____	Loud noises _____
Separation issues _____	Thunder _____
Toilet _____	Darkness _____
Other: _____	

# HILLVIEW NURSERY SCHOOL MEDICAL INFORMATION FORM

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Immunization Record- **Child must be up to date with all Immunizations to attend Hillview**

You may attach record from your Doctor

DPT \_\_\_\_\_ Polio \_\_\_\_\_ TB \_\_\_\_\_

Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_

HIB \_\_\_\_\_ Hepatitis \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Has your child had any serious operations, illnesses or childhood diseases? If so, please explain.

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Does your child have any allergies? If so, please explain. \_\_\_\_\_

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*Parents of children with certain food allergies will be required to provide their child's daily snack to ensure no cross-contamination.*

Does your child take any medication on a regular basis? If so, please explain. \_\_\_\_\_

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Does your child have any physical problems which might affect his/her performance or attendance? If so, please explain.

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If you have answered "yes" to any of the questions above you may be required to fill out an "action plan" for your child's conditions so that we will be well-equipped to accommodate your child in the event of an emergency. Enclosed are action plans for our most common conditions and they will need to be returned at the time of your conference.

\*\*\* All students are required to have health insurance\*\*\*

Insurance provider: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\*\*Physician's signature \_\_\_\_\_

May your child have Benadryl in the event of an insect bite or bee sting? (yes/no) \_\_\_\_\_

For permission to administer other medications such as Diastat, Epi-Pen, and Nebulizers/Inhalers please fill out below.

\_\_\_\_\_

PERMISSION TO ADMINISTER MEDICINE

**I, the undersigned parent/guardian, give my consent to have my child \_\_\_\_\_, receive first aid by facility staff, and if necessary be transported to receive emergency medical or dental treatment at the nearest hospital treatment facility. I give consent for the emergency contact person listed above to act in my behalf until I am available. I agree to review and update this information whenever a change occurs.**

**Signature of parent or guardian \_\_\_\_\_**

**Signature of parent or guardian**

Hillview Nursery School Media Release Form

Student's Name \_\_\_\_\_

Hillview Nursery School may develop, participate in, or be the subject of media-based presentations and events, which highlight various educational activities that take place during the course of the school year. These presentations/events are of two types

1. They may include but are not limited to
  - Photographs of students and activities
  - Computer generated presentations which may incorporate scanned photographs and video clips
  
2. These media based presentations may be used in
  - Parent programs
  - Staff development activities
  - Fundraising activities
  - Public relations
  - Newspaper articles
  - Internet web page

Check ONE:

I hereby **GIVE** my permission to **Hillview Nursery School** to publish my child's photograph in any of Hillview media-based productions for the above stated purposes.

I hereby **DENY** my permission to **Hilview Nursery School** to publish my child's photograph and identification in any of Hillview media-based productions for the above stated purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Hillview Nursery School  
Neighborhood Walk Permission Slip

\_\_\_\_\_ has my permission to  
Accompany the teachers and class on neighborhood walks during the  
school year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_