

**Please answer the following questions so we may better serve you and your child.**

1. Has your child been left in the care of others? \_\_\_\_\_
2. How does you child express anger? \_\_\_\_\_  
frustration? \_\_\_\_\_
3. Does he/she have any noticeable fears? (dogs, darkness, noise, etc.) \_\_\_\_\_
4. How is discipline administered? \_\_\_\_\_  
By whom? \_\_\_\_\_
5. Marital status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Second Marriage \_\_\_\_\_
6. Is your child adopted? \_\_\_\_\_ If yes, how old was he/she when you got him/her? \_\_\_\_\_
7. Were pregnancy and delivery considered normal? \_\_\_\_\_ If no, please explain briefly below.

8. Number in order of priority (1 to 4) the reasons you are sending your child to nursery school.

\_\_\_\_\_ to separate a little from Mommy \_\_\_\_\_ to develop socially and emotionally  
\_\_\_\_\_ I work part time \_\_\_\_\_ for the fun of it and to enrich his/her life

9. List name, gender, and age of any other children living at home.

Name	Gender	Age	Name	Gender	Age
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10. If your child has allergies, please list all of them. If he/she has none, please write the word "NONE".

11. My child will kindergarten in September \_\_\_\_\_ (write correct year)
12. Check your holiday. We celebrate Hanukkah. \_\_\_\_\_ We celebrate Christmas. \_\_\_\_\_
13. A copy of my child's birth certificate is attached.

**FINANCIAL AGREEMENT**

Monies due with this form are: Today's Date: \_\_\_\_\_

1. \$100.00 (non-refundable) registration fee. \_\_\_\_\_
2. Security Deposit (one month's tuition) due by March 1, 2011. This covers your child's "last" month at school whenever that month occurs. It is not refundable after June 1, 2011 and after the school year has begun. \_\_\_\_\_
3. I understand that the tuition is my annual fee and monthly payments are made as convenience only. My payment will be considered "overdue" after the 10th of each month and a \$25.00 late fee will be added to my bill.
4. Any change after October 1, 2011 made in your child's schedule will result in a \$20.00 fee per change. **TOTAL** \_\_\_\_\_

5. I have read and agree to the above terms. \_\_\_\_\_  
*Parent's Signature*

**Note: Refunds or credits due to extended illness or vacations are not possible.  
Thank you for not asking.**