

**SOCIAL FORM Page 1**

**(Form M – 1) 2009 - 2010**

Required: Enrichment Center  
Pre-Kindergarten  
Kindergarten



**Deadline: August 1, 2009**

**Please Print Clearly**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name to be used in school \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
Occupation \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
Occupation \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, and if guardians cannot be reached, please call:  
Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name and relationship to student of people living at home. Please list ages of all other children.  
\_\_\_\_\_  
\_\_\_\_\_

Members of carpool are: \_\_\_\_\_

Student is: Right handed \_\_\_\_\_ Left handed \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_  
\_\_\_\_\_

Please describe any handicaps student may have (hearing, sight, speech, heart, etc.): \_\_\_\_\_  
\_\_\_\_\_

Is there any reason to restrict student's physical activity? \_\_\_\_\_  
\_\_\_\_\_

**Please complete reverse side →**

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List any pets: \_\_\_\_\_

Favorite playthings: \_\_\_\_\_

Current interests (i.e. dinosaurs, knights, soccer, dolls, Disney, etc.): \_\_\_\_\_

Travel experience:

    Out of state \_\_\_\_\_

    Out of country \_\_\_\_\_

Any traumatic experience(s) that would affect adjustment to school? (i.e. hospitalization, car accident, death of a loved one): \_\_\_\_\_

Is there an area of development in which you feel your child needs extra attention?

Does your child dress him/herself? \_\_\_\_\_

Has he or she attended any other nursery school, pre-school, or kindergarten? If yes, where?

Has he or she had any other experiences away from home? \_\_\_\_\_

Other information which might help us become better acquainted with your child: \_\_\_\_\_