



Nursery School

Harpwell Community Nursery School Application

Please return forms and non-refundable registration fee of \$30 to:

Director
Harpwell Community Nursery School
917 Harpswell Neck Road
Harpwell, ME 04079

Child's Name _____ Application date _____
Date of Birth _____

Street _____ Town _____ State _____ Zip _____

Parent/s or Guardian legally responsible for child:

Name: _____ Name: _____

Street: _____ Street: _____

_____ Town State Zip

_____ Town State Zip

While my child is in school I can be reached at:

Location: _____

Landline Phone: _____ home / work

Cell Phone: _____

While my child is in school I can be reached at:

Location: _____

Landline Phone: _____ home / work

Cell Phone: _____

E-mail address for school communications _____

If parents can't be reached in an emergency, please call:

Name Relationship Telephone

Name Relationship Telephone

ALTERNATE PICK-UP PERSON (optional) Please let us know in advance if someone other than a parent/guardian will pick up your child.

Name Relationship Telephone

I understand that September tuition is due in mid-August and that regular tuition payments are due on the first of each month. I will give the school one month's notice before withdrawal.

Signature of parent/guardian

Date



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Harpwell Community Nursery School Student Questionnaire

This questionnaire is designed to help us get to know your child and plan for the best possible start in school. We hold all information in confidence and will be happy to speak with you concerning your child.

Child's Name _____

Child's date of birth _____

Child is usually called _____

Has your child attended child care or preschool before? _____

If yes, name of school _____

Dates of attendance: From _____ to _____

BASIC FAMILY DATA

Child's position in the family ___ oldest ___ middle ___ youngest ___ only

Child lives with: (include relationships, age of siblings, etc.)

Grandparents: (What role do they play in your child's life? Do they live near or far?)

BASIC PERSONAL DATA ON THE CHILD:

What do you consider to be your child's strongest points?

What do you consider to be your child's challenges?

Which hand does your child usually use?

Is your child currently being treated for an illness or condition (e.g., allergies) of which we should be aware? If so, please describe:

Is there any unusual behavior of which we should be made aware? (i.e. seizures, breath holding, biting, tantrums, etc.) Please explain:

Does your child have any developmental difficulties (speech, vision, hearing) of which we should be aware?

What activities does your child prefer (building, stories, outside play, etc)?

FOR OUR FILES

How did you find out about our nursery school program?