



A Time to Grow Nursery School

PO Box 20, Fabius, New York 13063
manager@atimetogrownursery.org / 315-313-4307
Atimetogrownursery.org
A ministry of the Fabius Christian Church



CHILD SUPPLEMENTAL INFORMATION FORM

Child's Name: _____ Date of Birth: _____

1. Your child is required to be able to use the bathroom independently, including wiping and hand washing. We always give hand washing reminders, and are available for help with the occasional stubborn button or zipper. Is your child toilet trained? Yes No
2. Does your child have siblings at home? Yes No
If yes, please tell us their names, ages and genders: _____

3. Do you have pets at home? Yes No
If yes, please tell us what kind and their names: _____

4. Does your child have a favorite toy? Yes No
If yes, what is it? _____

5. Morning Wake up time: _____ Bedtime: _____
6. Favorite Activities: _____

7. Tell us about your child's previous day care, nursery school, babysitter, or play group experience.



8. Why would you like your child to attend nursery school? _____

9. Please share other information about your child we might find helpful: _____

Parent or Guardian Signature: _____

