



Healdsburg Community Nursery School Inc.
444 First St. Healdsburg, CA 95448
License # 490102334
Lyn Rutherford, Director
707-433-1817

Student Enrollment Form

Child's Name _____
Nickname? _____
Gender _____ Birth Date _____
Mother's Name _____
Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
Occupation _____ Work Phone _____
Employer _____
Email _____

_____ Consent to receive email notifications

Father's Name _____
Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
Occupation _____ Work Phone _____
Employer _____
Email _____

_____ Consent to receive email notifications

Days you would like your child to attend HCNS

M T W TH F

Developmental History

When did your child walk? _____ mos. Begin Talking? _____ mos.
Currently potty trained? _____
What time does your child get up in the morning? _____ Go to bed? _____

Does child sleep well? _____

Does child nap? _____ When? _____ How long? _____

Any eating problems? _____

Any food dislikes? _____

Has child had group play experiences? _____

Does child have any problems or fears? _____

Family Life

Does Mother live in home with child? _____

Does Father live in home with child? _____

Please list names and ages of other children living in the home

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

How does child get along with siblings? _____

Are there pets at home? If so, what types and what are their names? _____

Have there been any major changes in family life or structure? (e.g. move, new job, new baby, etc.)

How do you handle discipline at home? _____

Do you have any concerns about nursery school for your child? _____

What is the plan for when child is ill? _____

If they are at school, who should we contact and in what order?

1st _____

2nd _____

3rd _____