## PARAMUS PUBLIC SCHOOLS EARLY CHILDHOOD CENTER

## Registration Information

Child's Name	First	Middle	Last	
Date of Birth	City			th
Country of Birth _		Male	Fe	emale
Address				
Home Telephone I	Number	EMAIL Add	lress	
Race/Ethnicity of	of child – Check o	one or more boxes to	indicate the ra	ace/ethnicity of child:
		<ul> <li>A person having original</li> <li>who maintains trib</li> </ul>		original peoples of North and ommunity attachment
	ing; Cambodia, Chi			Southeast Asia, or the Indiar tan, the Philippine Islands,
		on having origins in any addition to "Black or Al		cial groups of Africa. Terms s
<b>Spanish/Hispanio</b> Spanish culture or o	•		uerto Rican, Sou	th or Central American or oth
<b>Native Hawaiian</b> Hawaii, Guam, Sam			ving origins in ar	ny of the original peoples of
White – A person h	naving origins in an	y of the original people	s of Europe, Mide	dle East, or North Africa.
		Family Information	tion	
Father's Name		Oc	cupation	
Father's Business	Phone	Father's Ce	ell Phone	
Mother's Name		Oc	cupation	
Mother's Business	Phone	Mother's C	ell Phone	
Custody of Studen	nt is with (Please ch	eck one)		
	nts (loint)	Mother/Guardian O	nly	Father/Guardian Only
Both Pare				
<u> </u>	es and Dates of Bir	_	<u>er(s):</u> Names a	nd Dates of Birth
<u> </u>	. ,	_	er(s): Names a	nd Dates of Birth

List any other adults in the family living at home and their relationship to your child (grandparents, aunts/uncles, nannies, etc.)				
What was the first language your child spoke?				
What is the primary language spoken in your home?				
What language(s) other than English are spoken in your home?				
School/Group Experience				
Has your child had other group experiences with young children? Yes No				
If yes, please list (library, swim classes, play groups, etc.):				
Will your child be attending another school while attending the Early Childhood Center?				
If yes, please indicate the name of the school				
Days and times				
Medical Information and Religious Restrictions				
Is your child allergic to any foods? No Yes (please list)				
(If child requires any medication(s) to be administered during school or an Epipen, please have your child's Physician complete the Emergency Health Care Plan form and provide prescription for medication(s) required.				
Are there any foods to be avoided in school, either due to allergy or religious restrictions? Please specify.				
Does your child have any other allergies (for example, bee stings)? NoYes (please list)				

## Behavioral Information

Does your child have	e any particular fears? Please desc	ribe	
	documented, pre-existing med able to care for their toileting		children must be fully
Is your child toilet-tr	ained? Yes No	Training in Proc	ess
How does your child	express his/her need to use the b	pathroom? Please write wor	d your child will say for:
Urinate	Bowel movement	Vomit _	
Have you left your cl	hild in another's care? No	If yes, who?	
Grandparent	Relative Adult	t friend/neighbor	Teen babysitter
Does your child have	e any difficulties separating from p	arents/guardians? Yes	No Sometimes
How does your child	act when you leave him/her? Crie	es Withdraws	Tantrum
Other (specify)			
Does your child have	e any particular habits or manneris	sms such as thumb-sucking,	nail biting, etc.?
Does your child have	e any speech difficulties? No	Yes - please describe _	
	Interests of Chi	ld and Family	
to share aspects of traditions, foods, co	arning about the cultural diversity f their cultural heritage with the stumes, dance, music/musical ins ring your family's culture with your	eir child's class. Some ex struments, language, and s	kamples include holiday tory telling. Would you
What is your family's	s cultural background?		
If you speak a lang English speaking ECC	juage other than English, would C families who speak your languag	you be willing to help us ge? Yes No Langua	communicate with non- ge

Thank you for completing this form and providing us with this important information about your child and family. We look forward to your participation in the Early Childhood Center.