

# Home Background Form / Student Information

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

By what name or nickname would you like your child called at school? \_\_\_\_\_

What name would you prefer your child learn in print? \_\_\_\_\_

School district where you reside \_\_\_\_\_ Likely Elementary School \_\_\_\_\_

Siblings living with child – please list

_____ Name	_____ Age	_____ Gender	_____ Name	_____ Age	_____ Gender
_____ Name	_____ Age	_____ Gender	_____ Name	_____ Age	_____ Gender

Other siblings not living at home? \_\_\_\_\_

Other household members? \_\_\_\_\_  
Name / Relationship

\_\_\_\_\_

Name / Relationship

Child caregiver (if applicable) \_\_\_\_\_ Phone (during school hrs) \_\_\_\_\_  
Name

Languages: spoken by child: (1) \_\_\_\_\_ (2) \_\_\_\_\_

spoken by adult: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Major holidays celebrated by your family – please circle

Rosh Hashana Halloween Thanksgiving Christmas Hanukkah Kwanzaa Passover Easter Other \_\_\_\_\_

Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_

Child's participation in other group experiences – please circle

Preschool (previous) Day care Library storytime Gymnastics/ active sports Dance Music Play group Other \_\_\_\_\_

Does child have neighborhood playmates or nearby family playmates? \_\_\_\_\_ Ages? \_\_\_\_\_

Food allergy/sensitivity \_\_\_\_\_

Please indicate severity – written documentation from pediatrician/allergist required w/ health form

Possible concerns for child: \_\_\_hearing \_\_\_vision \_\_\_speech \_\_\_fine motor \_\_\_large motor \_\_\_cognitive \_\_\_behavioral \_\_\_social/emotional

Briefly describe concern

Has child received screening for any of the above? \_\_\_\_\_

Type of screening, approximate date

Has child received services for any of the above? \_\_\_\_\_

Type of services, approximate date

Major illness, injuries, surgeries, hospitalizations \_\_\_\_\_  
Please describe and give approximate dates

Additional comments regarding child's needs or characteristics \_\_\_\_\_

Please describe expectations/desires for your child's developmental growth (e.g. social, academic, fine motor) during the coming year at ANS ....

Why did you choose ANS? Please choose best 3 - Co-op philosophy \_\_\_\_ Educational Program \_\_\_\_ Staff \_\_\_\_

Returning Family \_\_\_\_ Friends \_\_\_\_ Location \_\_\_\_ Facility \_\_\_\_ Classes/times offered \_\_\_\_ Extracurriculars \_\_\_\_

Other \_\_\_\_\_

Please fill out for Office/Parent Board use.

How did you hear about ANS? ANS website \_\_\_\_ Facebook \_\_\_\_ Internet search \_\_\_\_ Other website \_\_\_\_\_

Lawn signs \_\_\_\_ ANS sign on Harlem/Saratoga \_\_\_\_ Personal referral by (family) \_\_\_\_\_

Other \_\_\_\_\_

Would you consider any of the following for 2017-18 ANS Parent Board \_\_\_\_ Room Parent \_\_\_\_ August clean up \_\_\_\_

Summer Maintenance jobs \_\_\_\_ Summer Inventory \_\_\_\_ Computer Issues \_\_\_\_ (Other participation jobs will be announced as school begins)

Would you consider being: Teacher Aide \_\_\_\_ Sub (paid) teacher aide \_\_\_\_ Sub (paid) co-oper \_\_\_\_

(Certified teachers or individuals with commensurate experience) Would you consider being a substitute (paid) teacher at ANS? \_\_\_\_

(Certified teachers only) Would you consider a year-long teaching position at ANS? \_\_\_\_

If so, availability : Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_

Age group preference: 2 yr olds \_\_\_\_ 3 yr olds \_\_\_\_ 4 yr olds \_\_\_\_ First Friends \_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_