

ADDITIONAL REMARKS

Please use the space below to provide us with additional information, which you feel, would better assist us in understanding your child.

Lined area for additional remarks.



Mineola Avenue, Roslyn, New York 11576
(516) 621-2211

Please Attach
A photo
of your
child here.

Thank You!

CONFIDENTIAL INFORMATION

**THIS FORM MUST BE RETURNED *AS SOON AS POSSIBLE*
TO INSURE PROPER CLASS PLACEMENT ASSIGNMENTS
PARENTS PLEASE COMPLETE**

Date: _____
Sex: M F

Child's Name: _____

Telephone: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Occupation: _____

Father's Business Phone: _____ Email: _____

Mother's Name: _____ Occupation: _____

Mother's Business Phone: _____ Email: _____

Where parents can be reached between 9:00 AM and 4:00 PM: _____

Who lives at home: Mother Father Sisters Brothers Aunt
 Grandparents Uncle Other _____

Has your child been away from home more than two days? _____

Has your child been to school/camp previously? _____

Where? _____

What are your child's responsibilities at home? _____

Does your child make friends with: Own Age Younger Older

Does child get along with others: Easily Fairly Easily With Difficulty

CLASS PLACEMENT - (Optional) *(Please No Teacher Requests)*

Please limit your requests to one child. Pierce will assume that this request has been fully discussed and agreed upon by both sets of parents before being noted here. This is your responsibility. We will make every effort to accommodate these requests. However, we CANNOT compromise our student/staff ratios.

1. Child's Name: _____

NOTE: Conflicts regarding NOT TO BE WITH requests will be brought to your attention. Pierce will not play a role in this conflict resolution.

Chief interests (hobbies, sports, talents): _____

What goals do you have for your child this year? (skills development, socialization, etc.) _____

CHARACTERISTICS - (Please check those which are appropriate)

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Easy Going | <input type="checkbox"/> Leader |
| <input type="checkbox"/> Alert | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Strong Willed |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Team Worker | <input type="checkbox"/> Social |
| <input type="checkbox"/> Easily Led | <input type="checkbox"/> Shy | <input type="checkbox"/> Assertive |

What clubs, sports or after school activities does your child participate in?

State special fears, if any _____

Appetite: Robust Normal Below Average

State Food Restrictions/Allergies: _____

Health: Robust Normal Below Average

State any activity restrictions: _____

Allergies: (Bees, dust, mold, grass, etc.) _____

Please use the reverse side of this form
for any additional information or comments.