

BAYBERRY SCHOOL
113 Bayberry Lane
Watchung, New Jersey 07069

PARENT INPUT FORM

Today's Date _____

Child's Name _____ Date of Birth _____

Address _____ Phone Number _____
Watchung, NJ 07069

Name of Pre-School _____

_____ one year	_____ two years	_____ three years
_____ one-half day	_____ one half-day	_____ one-half day
_____ full day	_____ full day	_____ full day
_____ # of days per week	_____ # of days per week	_____ # of days per week

Other language (s) spoken in the home: _____

Family Composition:

PARENTS: _____ live together _____ separated _____ divorced _____ widowed

CHILD: _____ natural _____ adopted _____ foster _____ other

Siblings

Name _____	Date of Birth _____	<i>(circle one)</i>	
		(M)	(F)
Name _____	Date of Birth _____	(M)	(F)
Name _____	Date of Birth _____	(M)	(F)
Name _____	Date of Birth _____	(M)	(F)

Is there anything else you would like to share with us about your child?