

**Poly Prep Lower School**  
50 Prospect Park West  
Brooklyn, NY 11215  
718-768-1103 Fax 718-768-1687

**NURSERY AND PRE-KINDERGARTEN SPECIAL INTEREST FORM**

*Please Print*

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

Nickname, if any \_\_\_\_\_

Child lives with \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Siblings, names and ages \_\_\_\_\_

Others in household, names and relationships (include housekeeper, sitter, etc.) \_\_\_\_\_

\_\_\_\_\_

Other (real or imaginary) that child is close to and likely to talk about in class \_\_\_\_\_

\_\_\_\_\_

Pets, kind and name \_\_\_\_\_

Child's usual bedtime \_\_\_\_\_ Wakeup time \_\_\_\_\_

Child's usual mealtimes \_\_\_\_\_

For full day children: Does child have a "lovey" she/he sleeps with? \_\_\_\_\_ If yes, kind (blanket, toy, pacifier, etc.) and name, if any \_\_\_\_\_

Child's favorite activities \_\_\_\_\_

Least favorite activities \_\_\_\_\_

Amount of TV child watches a day \_\_\_\_\_

List TV shows most often watched by child \_\_\_\_\_

List any strong fears child has (i.e., dogs, darkness, loud noises, etc.) \_\_\_\_\_

*Over, please*

Would you be able and interested in going on class trips? \_\_\_\_\_

Please list any skills or interests you would like to share with the class \_\_\_\_\_

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**Please complete this section if your child is in Nursery A or B**

Does your child wear a diaper during the day?                    \_\_\_ Yes     \_\_\_ No

Does your child wear a diaper when taking a nap?                \_\_\_ Yes     \_\_\_ No

Will your child indicate when she/he needs to go to the bathroom? \_\_\_ Yes     \_\_\_ No

Additional information or comments. Please list below.

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***Please return this form to the school no later than August 25. Thank you for your cooperation.***