



PERRY SCHOOL

55 Bethune St. New York NY 10014, 212 255-1685 www.Perryschool.com

Student Information Form 2021-2022

Registration Date _____ Program _____

Child's First name _____ MI _____ Last Name _____

Child's age _____

Child's Birthdate _____ Nickname _____

Gender Boy _____ Girl _____

Child's Address _____

1-Parent's/Guardian First name _____ MI _____ Last Name _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____ Address

(if different) _____ Email _____

address: _____

Occupation: _____ Employed by: _____

2-Parent's name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address (if different) _____

Email address: _____

Occupation: _____ Employed by: _____

Has your child ever participated in our Baby Moves Program? _____

Has your child ever been in any other early childhood programs, or classes? _____

Please specify _____

Please, describe your child's experience in such programs?

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Have any of the siblings ever participated in our Baby Moves Program? _____

If in school, which school do siblings attend?

What language(s) are spoken at home?

If English is not a first language, how fluent is the child in English?



Is there any information you would like to let us know about your child's development?

How do you think your child and your family might benefit most from being part of the Perry School community? _____

What other school have you applied to if any? _____

Which would be your first choice? _____

If your child will not be in a full time program with us, will s/he be attend any other school or programs?

Are you interested in having your child continue with us until kindergarten?
If not explain your intentions.

Who referred you to the school, how did you hear about us?

_____ Date _____

1- Parent's or Legal Guardian Signature

Print name

Home phone _____ Cell _____ Work _____
Date _____

2- Parent's or Legal Guardian Signature

Print name

Home phone _____ Cell _____ Work _____