

## CHILD'S PERSONAL HISTORY

### Family

Child's Full Name \_\_\_\_\_

Name your child wants to be called \_\_\_\_\_

Home Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Siblings:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Other members of the household (include relationship and age)

\_\_\_\_\_  
\_\_\_\_\_

How long have you lived in this city? \_\_\_\_\_

Do you speak a language other than English at home? \_\_\_\_\_

If so, what language? \_\_\_\_\_

Are there any special words that would help us communicate with your child? \_\_\_\_\_

\_\_\_\_\_

Is your child right-handed? \_\_\_\_\_ left-handed? \_\_\_\_\_

- continued on the back -

**Health**

Does your child have any allergies? \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

Does your child have any handicaps? \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

Does your child have any speech problems? \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

Are there any other issues we should know about? \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Relationships**

Has your child had any other Group Experiences? (Example: preschool, church school, ECFE, daycare, etc.) \_\_\_\_\_

Will your child know any other children in the preschool? \_\_\_\_\_

Who? \_\_\_\_\_

Does your child have trouble with separation? \_\_\_\_\_

Is your child frightened by any of the following?

\_\_\_\_\_ Animals

\_\_\_\_\_ Storms

Anything else: \_\_\_\_\_

\_\_\_\_\_ Loud noises

\_\_\_\_\_ Dark

\_\_\_\_\_

Favorite toys at home \_\_\_\_\_

\_\_\_\_\_

Favorite play activities \_\_\_\_\_

\_\_\_\_\_