

Child/Family Personal History

Child's name _____

Height _____ Weight _____

Birthdate _____

With whom does your child live _____ Mother _____ Father _____ Both Parents _____ Guardian _____

Father/Guardian Name _____

Mother/Guardian Name _____

Brother(s) Name(s) _____

Sister(s) Name (s) _____

Other members of the household (list): _____

Has your child been cared for by anyone other than parents? _____ Yes _____ No

If your child has attended another child care, please name and list for how long.

Please note if you child has any health or other issues required specials attention that you feel we should be aware of and note any special measures you would like us to take:

My child has his/her own room. _____ Yes _____ No

My child watches TV. _____ Yes _____ No If yes how often?

If yes what shows?

Does your child have playmates? _____ Yes _____ No

Is your child toilet trained? _____ Yes _____ No

What words does your child use when wanting to use the bathroom?

Does your child need help in dressing? _____ Yes _____ No

Does your child need help in undressing? _____ Yes _____ No

Does your child have any allergies? _____ Yes _____ No

If yes please list:

How can we tell if your child is having an allergic reaction?

_____ Asthma _____ Hay Fever _____ Hives _____ Other:

Does your child have any special dietary needs? _____ Yes _____ No

If yes please list:

Does your child have any habits (nail biting, thumb sucking, etc.) or other issues that we should be aware of?

_____ Yes _____ No

If yes please explain:

Does your child have any favorite foods?

If yes please list:

Does your child have any favorite songs or games? _____ Yes _____ No

If yes, please list:

Does your child have any favorite toys or stuffed animals? _____ Yes _____ No