

## PERSONAL & FAMILY HISTORY

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

Are both parents living in the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced? \_\_\_\_\_ Separated? \_\_\_\_\_

Legal Custodian \_\_\_\_\_ Number of other children in the family? \_\_\_\_\_

List name, age and sex of other children in family: \_\_\_\_\_

Home church: \_\_\_\_\_

Does child have any allergies? Explain: \_\_\_\_\_

\_\_\_\_\_

Are there any special foods or eating instructions? \_\_\_\_\_

Was your child full term or premature? \_\_\_\_\_

List any medical problems of which we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Has your child had any serious accidents, illness or surgery? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_ (3's & older must be potty trained)

What words does the child use for toileting? \_\_\_\_\_

Does child have any bowel or bladder irregularities? \_\_\_\_\_

Has child had previous preschool or group experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Where/When: \_\_\_\_\_

\_\_\_\_\_

What aspects of our program made you select FCP&K? \_\_\_\_\_

\_\_\_\_\_

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PERSONAL HISTORY

Child's Name: \_\_\_\_\_

What are your expectations for this year? \_\_\_\_\_

The best way to describe my child is: \_\_\_\_\_

My child's strengths: \_\_\_\_\_

My child's weaknesses: \_\_\_\_\_

My child enjoys: \_\_\_\_\_

My biggest concern for my child is: \_\_\_\_\_

Is child right or left handed? \_\_\_\_\_

Some of the things I would like to see the class do are: \_\_\_\_\_

Some of the ways I would like to help the class are: \_\_\_\_\_

How does child respond to changes or emergency situations: \_\_\_\_\_

Does child have any fears? Explain: \_\_\_\_\_

Does child enjoy being held or cuddled? \_\_\_\_\_

Does child have a favorite song, story, etc. that they find comforting or relaxing? \_\_\_\_\_

\_\_\_\_\_

Does he/she speak plainly so that others (besides those at home) can understand? \_\_\_\_\_

Are any foreign languages spoken in the home? \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

What is your parenting and discipline style at home? \_\_\_\_\_

\_\_\_\_\_

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_