

This form is to increase the director's and teacher's understanding of your child's likes and dislikes, and important people in his/her life.



Child's name	Nickname	Birth date	Birth Place	Weight
With whom does your child live? (check one or both)		Is your child toilet trained?		
<input type="checkbox"/> <b>Mother</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process		
Name _____		What does your child say when wishing to use the toilet?		
<b>Occupation:</b> _____				
<input type="checkbox"/> <b>Father</b>				
Name _____		Does your child need help in:		
<b>Occupation:</b> _____		<input type="checkbox"/> dressing <input type="checkbox"/> undressing		
<b>Brothers</b>		How many teeth does your child have? _____		
Name and age _____		Does your child use a sippy cup? <input type="checkbox"/> yes <input type="checkbox"/> no		
Name and age _____		Can your child drink from a cup? <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Sisters</b>		Is your child accustomed to eating solid foods? <input type="checkbox"/> yes <input type="checkbox"/> no		
Name and age _____		Does your child have any special fears?		
Name and age _____				
		Did your child have any special problems at birth? If yes please explain.		
Has your child been cared for by anyone besides parents? If yes, who has cared for your child and in what setting?				
		Has your child ever been tested for learning disabilities or developmental delays?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other people your child sees frequently		Does your child have any allergies?		
What experience has your child had with the following?				
Other Children: _____		What is your child's current nap schedule?		
Crayons: _____				
Paint: _____		Are there special routines or items your child is accustomed to having at naptime?		
Glue Sticks: _____				
Books: _____				
Music/Singing: _____				
Outdoor Play: _____				
Water Play: _____		What are your child's security items used for self soothing?		
What stage is your child in for toileting?				
<b>Addition to child's personal history form: Parents please fill out the information below</b>				
Existing Illness:		Previous serious illness/injuries:		
Hospitalization during past 12 months:				
Any medication prescribed for long-term continuous use:				

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date