

**PARK CHILDREN'S DAY SCHOOL
HISTORICAL RECORD 2019-2020 (for school use only)**

GENERAL INFORMATION

Child's Name: _____ Name called at home: _____

Date of Birth: _____ Place of Birth: _____

Is child adopted? _____ Does child know of adoptive status? _____

If no, when do parents plan to tell him/her? _____

Does child live with both parents? _____ If no, what are the arrangements?

Do both parents work? _____ What hours? _____

Who, besides parents, cares for child? _____

Does this person reside in family's home? _____

Language(s) spoken at home: _____

Does the family go away frequently for weekends? _____

Where did parents attend school? _____

CHILD'S HEALTH

General health since birth? _____

Has child ever been hospitalized? _____

Any recent illness? _____

Allergies? _____

Fears? _____ Nervous habits? _____

Bedtime? _____ Usual hours of awakening? _____ Naps? _____

Eating habits? _____ When toilet trained? _____

Has your child ever been evaluated? Yes _____ No _____

Does your child receive Occupational Therapy? Yes _____ No _____

Physical Therapy? Yes _____ No _____

Speech Therapy? Yes _____ No _____

(OVER)

CHILD'S ROUTINE

Favorite activities? _____

Does he/she like to be read to? _____
(favorite books)

Does he/she see other children regularly? _____ Where? _____

Is he/she able to play alone? _____ Happily? _____ For how long? _____

Where does he/she play indoors? _____ Outdoors? _____

How much time during the day does he/she spend with each parent? _____

With whom does child spend greater part of his/her time? _____

What kinds of things do you do together as a family? _____

Does the child have his/her own room? _____ Shared with? _____

Names, birthdates and schools of siblings (if applicable): _____

GROUP EXPERIENCE

Has the child been a member of a group? _____ Where? _____

What do you hope the school experience will offer your child? _____

If there has been any outstanding event in your child's life in the past few months, such as a new sibling, family move, death of a close relative, serious illness or accident of the child or family member, please specify below. We can work most effectively with your child if we are provided with this important information.

