

CHILD'S PERSONAL HISTORY FORM

Date _____

Last Name: _____ First Name: _____ Nickname: _____

Birth date: _____ Male Female Left Handed Right Handed
Mo Day Year

Address: _____ Phone: _____
Street City State Zip

Parent/Guardian name: _____ Cell Phone _____

Parent's occupation: _____ Work phone _____

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Parent's occupation: _____ Work phone _____

Are parents divorced/separated? Yes No If yes, provide alternate address:

Are you a member of the Shadyside Presbyterian Church? Yes No

If both parents are away from home during school, please provide the following information:

Caregiver's Name: _____ Phone: _____

Siblings names and ages: _____

If child is adopted: Age at adoption _____ Does child know he/she is adopted? _____

Other members of household: _____

Please check any/all social experiences your child has been involved with in the past:

- Daycare Preschool Informal Play Groups Play Dates Nursery School
- Mother's Morning Out Neighborhood friends Sunday/Church School
- Other (Specify) _____

Sleeping: What is child's usual bed time? _____ Does he/she nap? Yes No

Any sleep problems? _____

Eating: Any feeding problems/difficulties? Yes (explain) _____ No

Any food allergies? (List) _____

IMPORTANT: Please be sure to return separate Allergy Record form.

Toileting: Does he/she tell an adult when he/she needs to go to the toilet? Yes No

Do you remind him/her? Yes No Does he/she need help? Yes No

By what word or name does your child refer to toileting (e.g., "potty" "tinkle")? _____

If boy, does he stand? Yes No

Dressing: How much help do you give in dressing and undressing? Fully Independent Fully Dependent

Buttons Zipper Shoes Shoe laces Brushing hair

Can she/he put on her/his own coat and outerwear? Yes No

Play: Does he/she get along with other children? Yes No Explain: _____

With what does the child especially like to play? _____

Please check your child's preferences as related to play: Prefers alone play Prefers quiet play

Prefers to play with others Prefers active play

Attitudes: What is his/her attitude toward school? Does he/she want to come? _____

Discipline: What method of behavior control is used at home and for what reasons? _____

Emotions: Has the child shown any fears? No Yes If yes, please specify and explain how you've addressed them:

Senses: Do you read to your child? Yes No Does he/she enjoy music? Yes No

Does he/she speak plainly so that others besides those at home can understand him/her? Yes No

Does he/she hear all that is said to him/her and respond? Yes No

Does he/she have Normal Vision Wears glasses

Does your child have physical delays/disabilities? If so, please explain: _____

Was your child born Full term Prematurely --at how many weeks? _____

Does your child have any known developmental delays? Yes No

Does your child have any significant medical issues? Please explain: _____

Does he/she have any other problems of which we should be aware? If so, please explain: _____

If you would like a meeting to discuss your child prior to the start of the school year, please contact Mary Lang at director@shadysideschool.org.

What is your main goal for your child this year?

How would you describe your child's personality? (Please use other side if more space is needed)

What language does your family speak at home? _____

Does your child speak English? Yes No

Do you need translation of school documents? Yes No If yes, what language? _____

What is your cultural or ethnic heritage? _____

Can you help us on field trips or in the classroom occasionally? Yes No

Would you be interested in sharing any special talents with your child's class? (storytelling, singing, weaving, musical instrument, painting, drawing, woodcarving, carpentry, etc.) Yes No

If yes, please share interest/talent: _____

Please use the space below (or the back side of the page) to give any information that would be helpful for the Nursery School teacher to know in order to understand your child better and provide proper guidance for him/her.