



Personal History

Has your child had a previous group or preschool experience? _____ If so, when and where?

Does he/she have any medical problems that we should be aware of? _____

Does your child have any **allergies**? _____

Are there any special food or eating instructions you would like us to know? _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

Are there any special sleeping or napping instructions? _____

Is your child right or left handed? _____

Is there any additional information such as comforting, child's communication, discipline, and so on that you would really like us to know that will help us make your child more comfortable? _____

