

PERSONAL HISTORY FORM

Class: _____

Date: _____

Name (Last) _____ (First) _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

Home Phone _____

Address _____

Date of Birth (DOB) _____ Sex _____

Normal Pregnancy? _____

Normal Delivery? _____

Siblings? _____ DOB _____

_____ DOB _____

_____ DOB _____

Are parents married? _____ Living Together? _____ Separated? _____

Divorced? _____ Other? _____

Other members of household besides immediate family (Name and relationship): _____

Does child receive extensive care by someone other than parent? _____

By whom? _____

Does either parent travel frequently? _____

Age of walking _____ Talking _____ Speech difficulty _____

Finger /thumb sucking _____ Fussing about food _____

Persistent crying _____ Bed wetting _____ Disturbed sleep _____

Nervous Habits _____

How many hours does he/she sleep at night? _____

Toilet habits _____ Do you need to remind him/her? _____

Temper tantrums? _____

How does he/she react to other children? _____

With what does he/she especially like to play? _____

What is his/her reaction to adults? _____

Exceptionally shy or timid? _____ Usually happy? _____

Special fears _____

Previous group/Nursery school experience of child _____

How is he/she disciplined at home? _____

Particular behavior problems _____

What helps to reassure him/her when upset? _____

Favorite pastimes and interests _____

Does he/she enjoy being read to? _____ Likes to sing? _____

Does he/she use creative material such as clay, crayons, scissors, paint, etc? Please list:

What hand does he /she usually use? _____

Favorite TV programs _____

What represents security to your child? _____

Does he/she help put away belongings? _____ Dress self? _____

Medical problems? List: _____

Any birth defects that might affect learning? _____

Allergies? List: _____

Any food which he/she should not eat? _____

Why are you sending your child to nursery school? What would you like your child to gain from this year at nursery school? _____

Please add any comments that might further our understanding of your child and his/her background and any special problems or concerns you would like us to be aware of. _____

Please return this form to your child's teacher on the first day of class. This information is considered confidential between you and the teacher.

Pediatricians name: _____ Phone: _____

Please list two emergency telephone contacts in the event we are unable to reach you:

Name _____ Phone _____

Name _____ Phone _____