



PERSONAL CHILDHOOD HISTORY

Child's Full Name: _____ Birth date: _____

Nickname: _____ Birthplace: _____

Parents/Guardians: _____

Other members of the household:

Names: _____

Ages: _____

Relationships: _____

PERSONAL HISTORY:

Parent(s) that live(s) outside of the household: _____

Do you have pets? _____ Name(s) _____ Type(s) _____

Has the child had any other group child care experience? _____

What types of activities do you do together with your child? _____

What type of things does your child do well? _____

What are your child's special interests? _____

What are your child's dislikes? _____

Is your child enrolled in any classes? _____ Type of class: _____

Are other languages spoken around the child? _____ Which? _____

Age he/she began: Sitting _____ Crawling _____ Walking _____ Talking _____

Is he/she a good climber? _____ Does he/she fall easily? _____

Does he/she speak in words? _____ Sentences? _____ Does he/she have difficulty speaking? _____

Special words to describe his/her need(s) _____

EATING HABITS:

At what time does your child normally eat meals? _____

What are his/her favorite foods? _____

What foods are refused? _____

Does your child have food allergies? _____

Does your child have any problems eating? _____

Does your child use eating utensils? _____

TOILET HABITS:

Toilet training started? _____ Accomplished? _____ Was the process easy or difficult? _____

Can the child be relied upon to indicate his/her bathroom needs? _____

What word is used for urination? _____ Bowel movements? _____

Does your child need assistance in the bathroom? _____ Is he/she afraid of the bathroom? _____

Does your child need to go to the bathroom more frequently than normal for his/her age? _____

Does the child wet the bed when sleeping? _____ If so, how often? _____

SLEEPING HABITS:

When is bedtime? _____ Wake up? _____ Does your child nap? _____ Nap time: _____
What does he/she usually take to bed with him/her? _____
What is his/her mood upon awakening? _____
Does he/she have his/her own room? _____ Own bed? _____ Still Sleeps in Crib? _____
Does he/she walk, talk or cry during sleep? _____ Please describe: _____

SOCIAL RELATIONSHIPS:

Has your child had any experience playing with other children? _____
How does he/she get along with siblings? _____
Does your child prefer to play with children his/her own age? _____
Does he/she know any other children in the academy? _____
How does he/she relate to unfamiliar adults? _____
Does your child demand a lot of adult attention? _____
What makes him/her mad or upset? _____
How does your child show feelings? _____
What do you find is the best way of comforting your child? _____
What methods of discipline are used at home? _____
What type of physical activities does your child enjoy? _____

Is your child frightened of any of the following?
___ Animals
___ Unfamiliar adults
___ Other children
___ Loud noises
___ The dark
___ Storms
___ Insects/bees
___ Other: _____

What activities does your child enjoy?
___ Being read to
___ Listening to music
___ Playing outdoors
___ Building with blocks
___ Painting/drawing
___ Puzzles
___ Clay/dough
___ Other: _____

Please check the activities your child has experienced:
___ Riding a tricycle
___ Using scissors
___ Finger painting
___ Water play
___ Cooking
___ Gardening
___ Riding a bus

Please check the traits that describe your child:
___ Active
___ Shy/quiet
___ Outgoing
___ Sensitive
___ Intense
___ Persistent
___ Adaptable
___ Content

COMMENTS:

Briefly describe your child's personality and abilities: _____

In what ways can we help your child with activities that cause difficulty? _____

What equipment and/or routines will be helpful to your child? _____

Does your child have any medical concerns we should be aware of (allergies to bees, asthma, etc)? _____

THANK YOU FOR SHARING THIS HELPFUL INFORMATION WITH US SO WE CAN BETTER UNDERSTAND THE INDIVIDUALITY OF YOUR CHILD.

SIGNATURES:

Parent/Guardian: _____ Date: _____ Updated: _____ Updated: _____
Director: _____ Date: _____ Updated: _____ Updated: _____