

**2021-2022 CONFIDENTIAL PERSONAL HISTORY FORM**

This form is to be completed by a parent/guardian prior to the beginning of school. The information contained in this form will be helpful in the education of your child. It will be used by the teacher, assistant teacher, director, and if necessary the minister of Ashburn Presbyterian Church and can not be released to others without your written permission.

**FAMILY AND SOCIAL HISTORY**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single Parent \_\_\_\_\_

Custody Arrangements (if applicable): \_\_\_\_\_

Remarks (if any): \_\_\_\_\_

Besides parents/guardians please list anyone, including siblings who live in the home:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please state your religious preference and church affiliation. \_\_\_\_\_

What language is spoken in the home? \_\_\_\_\_

Does your family celebrate special cultural holidays and if so which ones? \_\_\_\_\_

\_\_\_\_\_

## PERSONAL HISTORY

Type of birth: Full Term \_\_\_\_\_ Premature (how many weeks?) \_\_\_\_\_

Does your child have any speech/language, developmental delays? \_\_\_\_\_ If yes, please explain and is he/she receiving any services? \_\_\_\_\_

### **SOCIAL RELATIONSHIPS**

Has your child ever played at a friend's house? \_\_\_\_\_

Has your child ever had a friend (non-relative) over to play? \_\_\_\_\_

Who/What does your child usually play with at home? \_\_\_\_\_

If your child has a sibling(s) do they generally get along? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

How would you describe your child's behavior (friendly, shy, aggressive, assertive, withdrawn, etc.)? \_\_\_\_\_

\_\_\_\_\_

How does your child usually react in a new situation? \_\_\_\_\_

\_\_\_\_\_

Do you feel your child will have an easy or difficult time transitioning to preschool? \_\_\_\_\_

If difficult, how could we make this a pleasurable experience? \_\_\_\_\_

### **CHILDHOOD EXPERIENCES**

What is your child's favorite activity at home? \_\_\_\_\_

How do you like to spend time with your child? \_\_\_\_\_

What trips has your child taken? \_\_\_\_\_

## HEALTH HISTORY

### ALLERGIES

My child is allergic to (food): \_\_\_\_\_

My child is allergic to (medication): \_\_\_\_\_

Precautions to be taken: \_\_\_\_\_

Symptoms to watch for: \_\_\_\_\_

Please note that we only administer **Benadryl, epi pens and inhalers for life threatening allergies**. You must obtain the proper form from the Director which must be filled out by your child's physician in order for us to administer any medications.

Has your child ever been injured in an accident? \_\_\_\_\_ Please specify \_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Reason for hospitalization? \_\_\_\_\_

Has your child ever visited the dentist? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Does your child wear any special dental appliance? \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ If yes, when should glasses be worn? \_\_\_\_\_

\_\_\_\_\_

Has your child ever had a hearing test? \_\_\_\_\_ Any hearing impairments? \_\_\_\_\_

Does your child have any physical disabilities? \_\_\_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

Does your child have any orthopedic devices? \_\_\_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

Is there anything that would inhibit your child's play in the classroom, rainy day room, or on

the playground? \_\_\_\_\_ If yes, describe \_\_\_\_\_

How would you describe your child's overall health? \_\_\_\_\_

\_\_\_\_\_

### **EDUCATIONAL HISTORY**

Does your child possess an IEP (Individualized Education Program/Plan) evaluation from the school system? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you be willing to share that information with the Director and teachers?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you as a parent/guardian perceive anything that may inhibit your child's ability to learn?  
\_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, describe \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain from his experience at Celebration Preschool?

\_\_\_\_\_

\_\_\_\_\_

### **PERSONAL HABITS**

Does your family have any dietary restrictions? \_\_\_\_\_

Does your child show a hand preference? \_\_\_\_\_ right \_\_\_\_\_ left \_\_\_\_\_ not at this time

If applicable, at what age was your child toilet trained? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ bowel movement? \_\_\_\_\_

Please feel free to share any other information that will assist us in making this preschool experience a positive and memorable one.

\_\_\_\_\_

\_\_\_\_\_