

2024-2025 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 will 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How would you describe your child's behavior (friendly, shy, aggressive, assertive, withdrawn, etc.)?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.

