

WINDSOR CHRISTIAN PRESCHOOL
Personal History



Child's Name _____ Goes by _____

Date of Birth _____ M / F (circle) Primary language spoken at home _____

How did you hear about our school? _____ Recommendation _____ Web site _____ Newspaper _____ Other _____

CLASS LIST INFORMATION: (Please list information as you would like for it to appear on your child's class list)

Address _____

Home phone _____ Cell phone (number to call during school hours) _____

E-mail address (If none, so state. Please print clearly) _____

Mother's name _____ Father's name _____

Because our staff desires to be most effective in relating to your child, we would appreciate your cooperation in completing the following questionnaire. It is very helpful for us to know some family background and your child's habits, qualities, interests, and health information.

Family

How long have you lived at your present address? _____

Name other family members residing in your household (include ages of brothers and sisters)

Mother's occupation _____ Father's occupation _____

Are there any unusual factors in your child's life such as, absence of father or mother, adoption, serious illness, new baby, etc.? _____

Peer Relationships

What tends to be your child's preference at play? _____ Alone _____ With others _____ Equally content

How does your child adjust to making friends? _____ Hesitant _____ Eager

Habits

Does your child have any specific habits? (Nail biting, thumb sucking, bed wetting, teeth grinding, etc.)

Does your child take a nap? _____ What is your child's normal bedtime? _____

How is your child's appetite? _____ Very good _____ Fair _____ Picky

Qualities and Attitudes

What are your child's fears? _____

Is your child afraid of any animals? _____

How does your child adjust to being separated from you? _____ With difficulty _____ With reluctance _____ With ease

How would you describe your child's attitude toward coming to preschool?

_____ Eager _____ Reluctant _____ Frightened

What do you think your child's biggest adjustment will be coming to preschool? _____

Interests and Activities

What have been your child's travel experiences? _____

What activities does your child enjoy doing most? _____

What are your child's favorite toys? _____

What pets do you have at your home? _____

Is there anything else you would like us to know about your child? _____

Health Information

General physical condition of your child at present time _____

Any serious illnesses, operations, handicaps, or injuries and if so, at what age? _____

Is there any problem that might limit your child's full participation in the school program? _____

Does your child have any allergies known to you? **If none, so state** _____

Allergic reaction occurs through (please check): _____ ingestion _____ contact _____ airborne

Is medication required? YES / NO

NAME AND AMOUNT OF MEDICATION: _____

*Any required medication is to be sent into school **along with a doctor's note requesting that school personnel give the medication.** Medication (including over-the-counter) must be in the **original container** and properly marked with the child's name, directions and consent for administering. The teacher or assistant in your child's class will be the one who is administering the medication. Personnel cannot give medication if medication is not sent from home or the appropriate signatures are not on file. In the event of an allergic reaction, medication will be administered as directed, 911 may be called, and you will be notified immediately. It is the parent's responsibility to ensure all emergency contact information is current at all times.*

IMPORTANT: A CHILD WITH ANY SERIOUS ALLERGIES MUST PROVIDE TO THE PRESCHOOL AN ALLERGY ACTION PLAN FROM YOUR CHILD'S DOCTOR.

Please tell us anything else you think may be important for us to know about your child's health and development _____

Parent/Legal Guardian's Signature

Date