



### CHILD BACKGROUND INFORMATION

#### Family Information

Child's Name: \_\_\_\_\_

Sex \_\_\_\_\_ M \_\_\_\_\_ F

Nickname (if applicable): \_\_\_\_\_

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

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

Child lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

Other members of Household (please include ages):

\_\_\_\_\_  
\_\_\_\_\_

#### Health Information

Hospitalization History (when, where, and what reason): \_\_\_\_\_

\_\_\_\_\_

Medications the child is taking: \_\_\_\_\_

Allergies or chronic health problems (EX: Asthma, penicillin allergy, etc): \_\_\_\_\_

\_\_\_\_\_

Does the child have any physical disabilities? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Has the child had any serious accidents? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Does the child frequently have:

\_\_\_\_\_ Colds \_\_\_\_\_ Ear aches \_\_\_\_\_ Stomach aches \_\_\_\_\_ High fevers \_\_\_\_\_ Vomiting

Has the child ever:

\_\_\_\_\_ Been to the Dentist \_\_\_\_\_ Had vision tested \_\_\_\_\_ Had hearing tested

Does the child show a preference for right or left hand? \_\_\_\_\_

## **Personality Characteristics**

Circle the words that best describe the child at present:

Lively Quiet Easy -Going Cautious Alert Good-natured Creative Intellectual Athletic  
Friendly Talkative Stubborn Happy Healthy Serious Fearful Confident Adaptable Shy  
Noisy Whiny Controlled Impatient Impulsive Reasonable Imaginative Rough  
Independent Gentle Patient Affectionate Clumsy Sweet Other \_\_\_\_\_

Child prefers:

\_\_\_\_\_ Indoor play \_\_\_\_\_ Outdoor play \_\_\_\_\_ Playing alone \_\_\_\_\_ Playing with others

How does the child get along with others? \_\_\_\_\_

\_\_\_\_\_

Favorite Toy (s): \_\_\_\_\_

Favorite activities: \_\_\_\_\_

Does the child have any particular fears? (Ex: thunder, darkness, dogs, etc.): \_\_\_\_\_

\_\_\_\_\_

## **General Information**

What methods of discipline are used in your home? \_\_\_\_\_

\_\_\_\_\_

How does the child react to the discipline? \_\_\_\_\_

\_\_\_\_\_

For what reasons have you enrolled your child? \_\_\_\_\_

\_\_\_\_\_

Are there any particular ways you would like us to help your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**