

## HEALTH AND FAMILY HISTORY

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names and ages of brothers and/or sisters:

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

Adults present in the home: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

Languages spoken in the home other than English: \_\_\_\_\_

### Health History

Past illnesses with approximate date:

Asthma?

Diabetes?

Rheumatic Fever?

Other: \_\_\_\_\_

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

List any allergies the staff should be aware of: \_\_\_\_\_

Other serious illnesses or accidents: \_\_\_\_\_

Does child have frequent colds? \_\_\_\_\_ How many last year? \_\_\_\_\_

Toilet training was begun at age: \_\_\_\_\_

Does child have regular bowel movements? \_\_\_\_\_

Word used for bowel movement: \_\_\_\_\_ Urination: \_\_\_\_\_

Parent's overall evaluation of child's health: \_\_\_\_\_

### Daily Routines and Habits

What time does your child wake up? \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_

Does your child sleep well? \_\_\_\_\_ Does your child nap? \_\_\_\_\_

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**Eating:** What are your child's usual eating times and favorite foods?

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_ Eating Problems: \_\_\_\_\_

### Activities

What are your child's favorite activities? \_\_\_\_\_

What type of play does your child prefer? \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor

Has your child had other group play experiences? Describe \_\_\_\_\_

How many hours per day does your child watch T.V.? \_\_\_\_\_

### Child's Development and Personality:

Walked at age: \_\_\_\_\_ Began talking: \_\_\_\_\_

Briefly describe your child's personality: \_\_\_\_\_

### How does your child react to:

Strangers: \_\_\_\_\_

New Experiences: \_\_\_\_\_

Strange animals: \_\_\_\_\_

**Does your child have any special needs or fears?** \_\_\_\_\_

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

**Do you have any interests or skills which you would be willing to share with our program?**

\_\_\_\_\_  
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**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Thank you for answering these questions as they help our teachers better understand your child.*