

Deerfield Park District Preschool
CHILD'S PERSONAL HISTORY 2017-2018

(Please Print)

Child's Last Name _____ First Name _____

Child's Nickname (if applicable) _____ Birthdate ____ / ____ / ____ Circle: Male Female

Check: ___ **LITTLE LEARNERS** (3 years old by 4/1) ___ **3 YEAR OLDS** (3 years old by 9/1) ___ **PRE-K 4's** (4 years old by 9/1)

FAMILY / HOME

Family PRIMARY Email (please list **one** to be used for student directory) _____

Parent/Guardian Name _____ Occupation _____

Business Name/Address _____

Business Phone _____ Work Hours Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Do you travel for business? _____ If yes, how often? _____

Parent/Guardian Name _____ Occupation _____

Business Name/Address _____

Business Phone _____ Work Hours Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Do you travel for business? _____ If yes, how often? _____

Parent's Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Other: _____

If divorced or separated, which parent does your child reside with? _____

How often does child see *other* parent? _____

Name of Sibling	M/F	Date of Birth (include year)	Preschool Attended (if applicable)	Current School / Grade (if applicable)
_____	___	_____	_____	_____
_____	___	_____	_____	_____

Does anyone else live in your home? YES NO If yes, name/relationship to child: _____

Is ENGLISH your child's primary language? YES NO If no, what language does your child speak? _____

Are any other languages spoken in the home? YES NO If yes, what language? _____

SCHOOL / GROUP EXPERIENCE

Is your family **NEW** to our Preschool? YES NO Is this your child's first school experience by themselves? YES NO

Name(s) of schools child attended by themselves: (if applicable) Day/hours attended: Dates attended:

1. _____

2. _____

What school will your child attend for **KINDERGARTEN**? _____

MEDICAL / PERSONAL HISTORY

Does your child currently receive (or has received in the past) outside services or therapies? (i.e.: Speech, OT, PT) YES NO

If yes, please explain:

Has your child had any injuries, surgeries or recent personal family traumas? YES NO

If yes, please explain:

Is your child prone to certain illnesses or have any conditions we should be aware of? YES NO

If yes, please explain:

Are there any toileting or use of bathroom concerns that may affect your child at school?

Does your child take any medication regularly? YES NO

If yes, please list and explain:

Will your child need to take medications while at school? YES * NO *If yes, must complete Medical Distribution Form

If yes, please list and explain:

Are school snacks a potential concern? YES NO

If yes, please explain:

ALLERGIES: Complete below if your child has allergies

Allergy to	Contact or Ingestion	Symptoms	Medication Needed	Life Threatening?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SOCIAL EMOTIONAL HISTORY

How would you describe your child's temperament/personality?

How does your child handle separation?

Are there specific situations in which your child tends to become upset, angry, scared, or withdrawn?

Describe your child's attitude toward other adults? *(i.e.: friendly, outgoing, cautious, etc.)*

How would you describe your child's play? *(i.e.: self-initiated, plays alone, prefers to play with others, active, quiet, etc.)*

YOUR INPUT

What are your goals for your child at Preschool?

Is there any other information that you would like to share with the staff (directors or teachers)?

Date: ____ / ____ / _____ Parent/Guardian Signature _____