

Personal Information Form for Child

Child's Name _____ (Please use the name you'd like us to use on their name tag, the helper chart etc.)

Family Information:

Single parent _____

Marital status of parents: married and living together _____ separated _____ divorced _____

Stepmother _____ stepfather _____ other _____ (how long?) _____

Language spoken in the home: _____

If child is adopted: age at adoption? _____

Does child know? _____ Remarks: _____

Brothers and Sisters of child:

NAMES

BIRTHDATES

GRADES IN SCHOOL

Other members in household besides parents (include relation and age).

Does your family celebrate: Hanukkah _____ Christmas _____ Both _____ Other _____

Developmental History:

When was your child toilet trained?

Does your child have any dietary restrictions? *Extremely necessary to let staff members be aware!

Any speech problems?

Any other problems we should be aware of?

Health History:

Has your child had any serious accidents? Explain

Does your child have allergies? If so, how does it usually manifest itself?

Do you know what his allergy is caused by?

Please use the bottom of this sheet when needed.