



PERSONAL HISTORY

*This form will be used by your child's teachers to determine classroom placement and to assist them to best meet your child's needs. **Please fill out both sides of the form.***

Child's full name: _____
Nickname (if any): _____ Home Phone #: _____
Home Address: _____
City: _____ Zip: _____ Gender: _____ Date of Birth: _____
Program: 2-Day AM 3-Day AM 5-Day AM 4-Day PM YNS M/T YNS W/TH
Near what public school do you live? _____ What district? _____
Mother's name: _____ Father's Name: _____
Marital Status: _____ Marital Status: _____
Occupation: _____ Occupation: _____
List names and ages of other children/step-children in your family: _____

Who lives at the same address as your child? _____

What pets does your child have? (Please list pets and their names.) _____

Has your child been in a regularly scheduled group before? Yes No

Name or describe the type of group: _____

Does your child have frequent playmates? Yes No

Are any of your child's playmates coming to WRNS? Yes No

If yes, who?

Does your child have separation problems? Yes No

Please describe: _____

What are your child's favorite past times? _____

Is your child toilet trained? Yes No

If yes, how long?

If no, are you working on this?

Yes No

Yes N

Does your child have any special physical problems we should know about?
(sight, hearing, tendency to a certain illness, fatigue, allergies)

Please describe:

Does your child have a handicapping condition?

Yes N

Please describe:

Does your child receive special services for this condition?

Yes N

Please describe:

Has your child had any serious emotional upsets, such as a move, illness or death in the family, serious accidents or operations?

Yes No

Please describe:

What language(s) are spoken at home?

Does your child use special words to express needs and feelings?

Yes N

Please describe:

Does your child use physical actions to express needs and feelings?

Yes N

Please describe:

Under what circumstances does your child become easily upset?

How does your child behave when *angry*?

How does your child behave when *upset*?

How does your child behave when *afraid*?

Does your child recover easily from emotional stress?

Yes N

If no, please explain:

What kind of support do you find most effective (e.g., blanket, holding, explaining, leaving him/her alone)?

Give three to five adjectives to describe your child.

What do you hope your child will gain from participating in nursery school?

What do you hope to gain?

Signature

Date

Thank you!