



## PERSONAL HISTORY

This information is used by the teaching staff to help determine classroom placement and how to best meet your child's needs.

Child's full name:

Nickname (if any):

Primary Phone:

Home Address:

City: , NY Zip:

Gender:  Male  Female  
Date of Birth:

Program:  2-Day  3-Day  5-Day  YN M/T  YN W/TH

Near what public school do you live? In what district?

Parent name:   
Marital status:   
Occupation:

Parent Name:   
Marital status:   
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 pastimes?

Is your child toilet trained?  Yes  No

If yes, how long?  If no, are you working on this?  Yes  No

Does your child have any special physical problems we should know about? (sight, hearing, tendency to a certain illness, fatigue, allergies)  Yes  No

Please describe:

Does your child have a handicapping condition?  Yes  No

Please describe:

Does your child receive special services for this condition?  Yes  No

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) is/are spoken at home?

Does your child use special words to describe needs or feelings?  Yes  No

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  No

If no, please explain:

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

Describe your child using three to five adjectives:

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

What do you hope to gain?

Signature:

Date: