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## CHILD'S CONFIDENTIAL HISTORY FORM

*(To be completed by parent)*

In order to know your child better and help him/her develop to the fullest, it would be helpful to have the following information. This will remain confidential. Please complete all questions or as many as you wish to share. Please send a picture of your child with this form.

1. Name(s) and age(s) of siblings (brothers and sisters):

\_\_\_\_\_

2. Does your child have a pet? \_\_\_\_\_ What kind? \_\_\_\_\_ Pet's Name \_\_\_\_\_

3. Any significant difficulties during your pregnancy with the child who is enrolled in the Children's School? (If yes, describe)

\_\_\_\_\_

4. Any significant difficulty during labor? (If yes, describe)

\_\_\_\_\_

5. Any significant difficulty (health or other) with your child up until now? (If yes, describe)

6. Any allergies to medication or food? \_\_\_\_\_

7. Any known or significant problems with your child's eyes, ears, or speech?

\_\_\_\_\_

8. At what age did your child start: sitting up alone \_\_\_\_\_, crawling \_\_\_\_\_, walking \_\_\_\_\_, gibbering \_\_\_\_\_, Intelligible speech \_\_\_\_\_?

9. Does your child have good eating habits? (If no, describe) \_\_\_\_\_

10. Does your child eat candy, other sweets or foods with considerable amount of sugar?  Yes  No  
Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom \_\_\_\_\_

11. Does certain food(s) seem to affect your child's behavior? (If yes, describe)

\_\_\_\_\_

12. Is this your child's first nursery school experience?  Yes  No

13. Has your child had much experience playing with other children?  Yes  No

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***CHILD'S CONFIDENTIAL HISTORY FORM (continued)***

14. Has your child had any difficulty interacting with other children?  Yes  No

15. Do you have difficulty leaving your child with others, a babysitter? (If yes, explain)

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16. Do you consider your child usually an observer?  Yes (choose all that apply)  No;

non-verbal \_\_\_\_ verbal \_\_\_\_ very verbal \_\_\_\_ passive \_\_\_\_ aggressive \_\_\_\_ even tempered \_\_\_\_  
active \_\_\_\_ very active \_\_\_\_ extremely active \_\_\_\_ quiet \_\_\_\_ very quiet \_\_\_\_ extremely quiet

17. Does your child have any fears? (If yes, describe)

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18. Is there additional information you would like us to know?

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19. What would you like your child to get out of his/her nursery school experience?

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You may feel confident that any information you share with the teacher will remain confidential. If during the year a crisis of experience occurs in your child's life that could affect his/her physical or emotional behavior, please let us know. This form is due before your child may start school.