

Child History Form



CHILD'S PRE-ADMISSION HISTORY

Child's Full Name: _____ Sex: _____ Age: _____ DOB: _____
Child's Religious Background/Knowledge (optional): _____
Child's Special Interests: _____

PARENTS/GUARDIANS

Father/Guardian Name: _____ Living with Child? _____
Occupation/Employer: _____
Mother/Guardian Name: _____ Living with Child? _____
Occupation/Employer: _____

BROTHERS/SISTERS

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

DEVELOPMENT

Walked at: _____ Months Began talking at: _____ Months Toilet trained at: _____ Years
Any problems you feel need to be assessed? _____

MEDICAL HISTORY

Has child been under regular supervision of a Physician? _____ Yes _____ No
If yes, describe condition: _____
List surgeries, serious illnesses or accidents: _____
Allergies: _____

DAILY ROUTINES

What time does child: Wake up : _____ Go to Bed : _____ Nap: _____ How Long _____
Eating times and habits: _____

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PERSONALITY

Parent's evaluation of child: _____

Has the child had any prior school experiences? _____

Age group child prefers playing with: _____

Does child have any special needs/fears? _____

PLANNING GUIDE

What do I want my child to gain from his/her preschool experience? _____

Plan for care when child is ill: _____

Thank you for choosing The Preschool at Seven Hills.

Parent Signature: _____

Date: _____

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