

Child's Name _____

PERSONAL HISTORY FOR NEW STUDENT
First Congregational Church Nursery School
1985 Louis Road
Palo Alto, California 94303

As your child first enters our Nursery School, we ask your cooperation in completing the following extensive developmental history. This information is extremely helpful to us in caring for your child. Thank you.

Program: Nursery/Youngers / Olders Child's Name _____

Date of Birth _____ Sex _____ Nickname _____

FAMILY AND SOCIAL HISTORY:

Parent Name: _____ Age _____ Primary Contact

Parent Name: _____ Age _____ Primary Contact

Marital status of parents if not living together: _____

Brothers and sisters of child:

Name _____ Sex _____ Age _____ School _____

Name _____ Sex _____ Age _____ School _____

Name _____ Sex _____ Age _____ School _____

Other members of household/relationship:

First Congo is required to report ethnicity and race information as part of our tax reporting. Please mark one or more boxes that best reflects your child's race/ethnicity.

- Hispanic/Latino American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander

White

Other: _____

Who has cared for the child other than parents? (Please indicate adults/teenagers.)

Is child attending any other preschool / day care center? _____

Name: _____ Schedule: _____

Please describe child's group play experience. _____

Does child have neighborhood playmates? Please specify. _____

Does your child watch television/videos/screens? _____ Hour(s) per day _____

When and with whom does child view a screen? _____

Favorite/Usual programs: _____

HEALTH HISTORY OF CHILD:

What illnesses has child had and at what age?

Chicken Pox _____ Rheumatic Fever _____ Mumps

_____ Asthma _____ Epilepsy _____ COVID-19 _____

Diabetes _____ Hay Fever _____ Whooping Cough _____ Rubella _____

Other(s) _____

Has child had any serious illness(es) / accident(s)? _____

Does child experience the following? Please describe, if applicable.

Frequent colds: _____

Ear aches: _____

Stomach aches: _____

Vomits easily: _____

Runs high fevers easily: _____

Is child allergic? _____ If so, please specify how allergy manifests itself:

Asthma / Hay Fever / Hives / Rash / Other: _____

Do you know cause of allergy? _____

How is allergy treated? _____

Has child had testing of: Vision? _____ Hearing? _____

Is your child currently under the care of a doctor for an ongoing health issue?

Yes No

IF YES, name of the doctor providing care:

Does your child take prescribed medications? Yes No

IF YES, what are the side effects? _____

Does your child use any special device(s) at home? School? Yes No

IF YES, what kind: _____

DEVELOPMENTAL HISTORY OF CHILD:

At what age did child begin talking? _____

Does child take daily nap? Yes _____ No _____ Sometimes _____

Does child sleep alone? Yes _____ No _____ Shares room with _____

What time does child go to bed? _____ Awaken? _____

What is child's general attitude toward eating? Is child hungry at mealtime?

Does child have any food restrictions/allergies? _____

Favorite foods: _____

Food dislikes: _____

Is child toilet trained? Yes ____ No ____ Needs to be reminded _____

What are child's favorite play activities?

Indoor: _____

Outdoor: _____

How would you describe your child's personality and characteristic behavior?

Please describe type of discipline most frequently used with child.

What is child's usual reaction?

Most young children are afraid of some things. What, if any, are your child's fears (e.g. darkness, animals, sirens, being left without family, loud noises?)

In what situations does your child become frustrated or upset?

Does your child have any habits, needs or touchy spots we should know about in attempting to personalize our approach? Please describe.

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

Do you have any questions, concerns, comments or suggestions?

Parent's Signature _____ Date _____