

WINDSOR CHRISTIAN PRESCHOOL
Personal History

Child's Name _____ Goes by _____

Date of Birth _____ M / F (circle) Primary language spoken at home _____

CLASS LIST INFORMATION: (Please list information as you would like for it to appear on your child's class list)

Address _____

Home phone _____ Cell phone (number to call during school hours) _____

E-mail address (If none, so state. Please print clearly) _____

Mother's name _____ Father's name _____

Names and ages of other children in the family _____

Mother's occupation _____ Father's occupation _____

Are there any unusual factors in your child's life such as, absence of father or mother, adoption, serious illness, new baby, etc.? _____

What tends to be your child's preference at play? ___ Alone ___ With others ___ Equally content

How does your child adjust to making friends? ___ Hesitant ___ Eager

What are your child's fears? _____

Is your child afraid of any animals? _____

What activities does your child enjoy doing most? _____

What are your child's favorite toys? _____

How does your child adjust to being separated from you? ___ With difficulty ___ With reluctance ___ With ease

How would you describe your child's attitude toward coming to preschool?

___ Eager ___ Reluctant ___ Frightened

What do you think your child's biggest adjustment will be coming to preschool? _____

Is there anything else you would like us to know about your child? _____

General physical condition of your child at present time _____

Any serious illnesses, operations, handicaps, or injuries and if so, at what age? _____

Is there any problem that might limit your child's full participation in the school program? _____

Does your child have any allergies known to you? **If none, so state** _____

Allergic reaction occurs through (please check): _____ ingestion _____ contact _____ airborne

Is medication required? YES / NO

NAME AND AMOUNT OF MEDICATION: _____

*Any required medication is to be sent into school **along with a doctor's note requesting that school personnel give the medication.** Medication (including over-the-counter) must be in the **original container** and properly marked with the child's name, directions and consent for administering. The teacher or assistant in your child's class will be the one who is administering the medication. Personnel cannot give medication if medication is not sent from home or the appropriate signatures are not on file. In the event of an allergic reaction, medication will be administered as directed, 911 may be called, and you will be notified immediately. It is the parent's responsibility to ensure all emergency contact information is current at all times.*

IMPORTANT: A CHILD WITH ANY SERIOUS ALLERGIES MUST PROVIDE TO THE PRESCHOOL AN ALLERGY ACTION PLAN FROM YOUR CHILD'S DOCTOR.

Please tell us anything else you think may be important for us to know about your child's health and development _____

Parent/Legal Guardian's Signature

Date