_____' s Personal Record

This form is to increase the directors and teachers understanding of your child's likes/dislikes and important people in his/her life.

Childs Name:	Nickname:	Height	Weight	Birth Date	Birth Place

With whom does your child live? (Check one or both) ☐ Mother _____ Name ☐ Father _____ Name ☐ Brother _____ Name and Age ☐ Sister _____ Name and Age	Is your child toilet trained? ☐ Yes ☐ No ☐ In Process What does your child say when wishing to use the toilet? Does your child need help in: ☐ Dressing ☐ Undressing
Brothers and Sisters not living with child: _____ Name and Age	Does Your child have any special fears? Does your child have any special problems?
Other people your child sees frequently: _____ _____	Has your child ever been tested for learning disabilities or developmental delays?
Does your child visit grandparents frequently? ☐ Yes ☐ No ☐ Deceased By what names or nicknames are they called? _____ _____	Does your child have any allergies? Any food restrictions?
Has your child been cared for by anyone other than parents?	Does your child have any history of: Vision or Hearing Impairment: Speech Problems:
If child's attended a day care center, please name	Additional Information

Description of Child's Play Experiences		
Outdoors	Security Items, Favorite Toys	Favorite Game
With Books	With Crayons, Scissors, Glue	With Other Children

Addition to Child's Health Care Form: Parent's please fill out the information below	
Existing Illness:	Previous Serious Illness/Injuries:
Hospitalization during past 12 months:	
Any medication prescribed for long-term continuous use:	

Parents Signature: _____ **Date:** _____