



CHILD BACKGROUND FORM

Child's Full Name _____ Nickname _____

Child's Birth Date _____ Entering Age _____

Father's/Guardian's Name _____ Occupation _____

Mother's/Guardian's Name _____ Occupation _____

Previous occupation if presently at home _____

Family History

Child lives with Mother/Father/Both Parents/Other _____

If the child does not live with both parents, who has primary custody? _____

If shared custody, what if the custodial schedule: _____

Brothers/Sisters:

Name _____ Age _____ Grade _____ Living at Home? Yes/No

Name _____ Age _____ Grade _____ Living at Home? Yes/No

Name _____ Age _____ Grade _____ Living at Home? Yes/No

Other Members of Household:

Name _____

Relationship _____

Name _____

Relationship _____

Is English the primary language spoken at home? Yes/No If not, what language? _____

Primary daytime childcare is provided by: Mother/Father/Other _____

Name of pets in the home: _____

Social Development

Please list child's previous experience in organized group activities:

Does child have regular playmates? Yes/No

Please check any of the following which apply to your child's general social behavior:

___cheerful ___dependent ___depressed ___easily excited ___easy-going

___aggressive ___fearful ___generous ___independent ___irritable ___jealous

___restless ___selfish ___sensitive ___serious ___shy ___tense ___whining

Additional comments on the above:

Physical Development and Health History

Does he/she show a hand preference?_____ If so, which one?_____

Is his/her speech understandable to parents?_____ To others?_____

Does he/she have any speech problems?

Dietary restrictions and/or food allergies? (Please include a note from the doctor or a note from yourself explain the allergy and reaction)

Does child have any other allergies? (Please include a note from the doctor or a note from yourself explain the allergy and reaction)

Does child require an Epi-pen? Why?

Does he/she have any known physical or health problems, including surgeries or hospitalizations?

Has your child ever received any services (Speech, OT, PT, etc)? Yes No

If so, please describe: _____

Does your child still receive services? _____

Does your child have any vision or hearing problems? Yes No Describe:

Is your child potty trained? Yes No If so, at what age? _____

Does your child currently have any toileting difficulties? Yes No Describe: _____

Emotional Development

Does your child have any particular fears?

Under what circumstances might your child become easily upset or afraid?

What does your child do when he/she becomes upset, angry, or afraid?

What helps reassure him/her when he/she is upset?

Does he/she recover from emotional or anxious situations slowly or fairly quickly?

Please check any of the following which may have had an effect upon your child:

Hospitalization Changes in residence Accident Severe illness

New Baby Changes in family structure Other _____

Additional comments on emotional behavior on child:

Miscellaneous

If you have any particular problems, difficulties, or specific areas in which the nursery school may be of help with your child, please explain:

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