

HERITAGE SCHOOL

CHILD HISTORY FORM

Child's Full Name: _____ Nickname: _____

Home Phone: _____ Birth Date: ____ / ____ / ____ Gender: _____

Father's Name in full: _____ Mother's Name in full: _____

Address: _____

Father's Occupation: _____ Mother's Occupation: _____

Other Adults in Home: _____

Primary Language spoken in the home: _____

Do you or your child speak a second language? _____ Language: _____

Does your child use sign language? _____ Give examples: _____

Names & Ages of Siblings: 1. _____ 2. _____

3. _____ 4. _____

Any congenital conditions, unusual injuries, operations or traumatic experiences which your child has had:

Is there anything we should know that may affect your child's physical or emotional well-being?

Any Allergies? _____

Child's special interests/areas of giftedness: _____

How does child handle new situations? _____

Age of playmates? _____

Does child usually play well with other children? _____

Is your child more at home with adults or children? _____

Any previous group experience? (child care, camp, preschool, Sunday School, Church etc.)

Method of behavior control used in home? _____

Child's usual reaction to this method? _____

Family pets and their names:

Are there any special traditions, celebrations, stories or songs that are especially important to your family and your child?

Any special interests, hobbies or talents which you or your family might share with Heritage School?

Other adults who are authorized to pick your child up from school or those who your child will be carpooling with:

What are your hopes and goals for your child for this school year? What would you most want them to learn in our program?

Are there any special concerns that we should know about as we care for your child?

Teacher _____

Class _____

Date completed: _____