

Please Return By: **Aug. 1**

Child's Personal History

Friendly Flock Preschool

Child's Name: _____ Nickname: _____ Birth Date: _____

Parent's Names _____

Parents are: Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Is child adopted? Yes _____ No _____ If yes, does child know? Yes _____ No _____

Siblings and other people living in the home:

Name	Age	Relation to Child	School He/She Attends
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How would you describe your child's personality? _____

Has your child had peer group experiences? _____ Where? _____

How does your child get along with family members? _____

Playmates? _____

What does he/she like to do most at home? Indoors: _____

Outdoors: _____

What methods of discipline have you found effective with your child? _____

Who usually disciplines your child? _____

What upsets your child? _____

How does he/she react when upset? _____

Does your child have any dietary restrictions? _____ Explain: _____

Does your child receive any therapies? _____ Explain: _____

Is your child right-handed? _____ Left-handed? _____

What do you hope your child will gain through his/her experiences here? _____

Parent's Signature: _____ Date: _____

