

WESTMINSTER NURSERY SCHOOL

History Form

(Please print)

Child's name _____ Sex _____

First Middle Last

Preferred name/nickname _____ Birthdate _____

Home address _____ City _____ Zip _____

E-mail address (for internal school use only) _____

Home phone _____ Mom's cell _____

Dad's cell _____

Mother's name _____ Occupation _____

Employer's name & address _____ Phone _____

Father's name _____ Occupation _____

Employer's name & address _____ Phone _____

Is child adopted? _____ Does child know he/she is adopted? _____

Are both parents living in the same household? (y/n) _____

Is English the primary language spoken at home? (y/n) _____

Please list other language(s) spoken at home _____

Siblings of child:

Name _____ Age _____ School grade _____ Adopted/Stepchild? _____

Name _____ Age _____ School grade _____ Adopted/Stepchild? _____

Name _____ Age _____ School grade _____ Adopted/Stepchild? _____

Other members of household:

Name _____ Relationship _____

Name _____ Relationship _____

Developmental History:

Describe pregnancy (normal, full-term, etc.) _____

Started walking at age _____ Began talking at age _____ Toilet trained?(y/n) _____

Daily Routine:

Wakes up at _____ Bedtime is _____ Nap? (y/n) _____

Food dislikes? _____ Eating problems? _____

Previous group or school experience _____

(OVER)

Daily Routine cont'd

Describe child's neighborhood playmate exposure _____

Right or left handed _____ Fears _____

Does child cry easily? _____ Display temper tantrums? _____

Any speech problems? (y/n) _____ Explain: _____

Some things your child enjoys doing: _____

Some things your child does not like to do: _____

What method of behavior control is used at home? _____

Child's reaction to method of behavior control _____

Health History:

Date of last doctor visit _____

Allergies? (y/n) _____ Explain _____

Physical handicaps? (y/n) _____ Explain _____

Past illnesses (y/n) (please give approximate dates):

Chicken pox _____ Asthma _____ Rheumatic fever _____

Diabetes _____ Rubella _____

Other serious illnesses _____

Has child ever been hospitalized? _____ Explain _____

Please state your evaluation of your child's health _____

Please explain any other comments or concerns _____

Parent signature

Date