

## **CHILD/FAMILY PERSONAL HISTORY**

The purpose in securing the following information about your child, and his or her family, is to help the center's staff get to know and better understand your child. We consider the care of your child a joy, privilege, and serious responsibility. All information will be kept confidential. Thank you.

*Jane W. Horning*  
Owner and Director

Other children in the family \_\_\_\_\_  
*Name* *Age*

\_\_\_\_\_

*Name* *Age*

\_\_\_\_\_

*Name* *Age*

Other members of the household (include relationship and age) \_\_\_\_\_

\_\_\_\_\_

Family status of parents: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_

Language other than English spoken in the home \_\_\_\_\_ Citizenship \_\_\_\_\_

Are there any special words that would help us communicate with your child? \_\_\_\_\_

\_\_\_\_\_

Religious or spiritual affiliation? \_\_\_\_\_

Is there any pertinent information about your child's general health or personal history that we should know?

\_\_\_\_\_

Any allergies (food, medication, soap etc.) \_\_\_\_\_

Child's favorite things \_\_\_\_\_

Child dislikes \_\_\_\_\_

Child's pets \_\_\_\_\_

Other comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_