

**HOPE Preschool**  
Child/Family Personal History

The purpose of collecting this information about your child is to help the HOPE Preschool staff better understand your child and thus support and encourage their success in preschool. All information is kept confidential and requires your written permission before being shared. Some questions may not be applicable to your child at this time; please leave them blank.

**FAMILY INFORMATION**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Known as \_\_\_\_\_  
(Name you wish your child to write and identify)

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived in this city? \_\_\_\_\_

Mother (guardian) \_\_\_\_\_ Occupation \_\_\_\_\_

Employer name & address \_\_\_\_\_

Father (guardian) \_\_\_\_\_ Occupation \_\_\_\_\_

Employer name & address: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ How long? \_\_\_\_\_  
Single Parent \_\_\_\_\_ Separated \_\_\_\_\_

Custody/visiting arrangements \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Is English your child's primary language? \_\_\_\_\_

Do you speak a language at home other than English? \_\_\_\_\_ If so, what? \_\_\_\_\_

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

Are there any cultural practices or holidays you would like us to know about? \_\_\_\_\_

What age was your child when he/she first separated from Mom and/or Dad? (i.e. illness, hospitalization, babysitter, school, daycare, etc.) \_\_\_\_\_

Explain \_\_\_\_\_

Attended HOPE Preschool 2023 - 24? Yes No Class Name: \_\_\_\_\_

## DEVELOPMENTAL MILESTONES

Type of birth Full Term \_\_\_\_\_ Premature \_\_\_\_\_

Any complications? \_\_\_\_\_

Age your child began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_

Is your child a good climber? \_\_\_\_\_ Does he/she fall easily? \_\_\_\_\_

Age your child began talking \_\_\_\_\_ Does your child speak in words? \_\_\_\_\_ or sentences? \_\_\_\_\_

Does your child have any speech delays or challenges? \_\_\_\_\_

## SLEEPING HABITS

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Is your child ready for sleep? \_\_\_\_\_ Does he/she have his/her own room? \_\_\_\_\_ Own bed? \_\_\_\_\_

Does your child walk, talk, or cry out in their sleep? \_\_\_\_\_

What item does your child take to bed with him/her? \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ what time/how long? \_\_\_\_\_

## SOCIAL AND EMOTIONAL DEVELOPMENT

Has your child had experience playing with other children? \_\_\_\_\_

By nature, is your child: Friendly \_\_\_\_\_ Aggressive \_\_\_\_\_ Shy \_\_\_\_\_ Withdrawn \_\_\_\_\_

How does your child get along with his/her brothers and sisters? \_\_\_\_\_

Other adults? \_\_\_\_\_

With what age child does he/she prefer to play? \_\_\_\_\_

Will your child know any children in the preschool? \_\_\_\_\_

What makes your child angry or upset? \_\_\_\_\_

How does your child show his/her feelings? \_\_\_\_\_

What discipline method(s) is used in your home? \_\_\_\_\_

What is your child's usual reaction to discipline? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

Is your child frightened by any of the following: Animals \_\_\_\_\_ Tall people \_\_\_\_\_ Loud noises \_\_\_\_\_

Dark \_\_\_\_\_ Storms \_\_\_\_\_ Anything else? \_\_\_\_\_

Does your child have a pet? \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_

How much time does your child spend using electronics each day?

TV \_\_\_\_\_ Computer \_\_\_\_\_ Video Games \_\_\_\_\_ iPad \_\_\_\_\_ Cell Phone \_\_\_\_\_

What are your child's favorite programs, games, etc.? \_\_\_\_\_

Favorite toys and activities at home \_\_\_\_\_

Does your child like to read or be read to? \_\_\_\_\_ Visit the library? \_\_\_\_\_ Listen to music? \_\_\_\_\_

Does your child enjoy playing outdoors? \_\_\_\_\_ Ride a tricycle or scooter? \_\_\_\_\_

Has your child had experience with: Play Dough \_\_\_\_\_ Scissors \_\_\_\_\_ Easel painting \_\_\_\_\_

Crayons/Markers \_\_\_\_\_ Finger painting \_\_\_\_\_ Blocks \_\_\_\_\_ Water play \_\_\_\_\_

What do you consider to be your child's strengths? \_\_\_\_\_

What do you and your child enjoy doing together? \_\_\_\_\_

Does your child have any difficulties that we should be aware of? \_\_\_\_\_

## HEALTH HISTORY

Does your child have a chronic illness or condition such as:

Asthma \_\_\_\_ Diabetes \_\_\_\_ Cystic Fibrosis \_\_\_\_ HIV \_\_\_\_ AIDS \_\_\_\_ Hepatitis B \_\_\_\_ Epilepsy \_\_\_\_

Seizures \_\_\_\_ ADHD \_\_\_\_ Autism Spectrum \_\_\_\_ Other \_\_\_\_\_

Explain \_\_\_\_\_

Does your child have frequent: Colds \_\_\_\_\_ Earaches \_\_\_\_\_ Stomachaches \_\_\_\_\_ Nosebleeds \_\_\_\_\_

Explain \_\_\_\_\_

Does your child vomit easily? \_\_\_\_ Explain \_\_\_\_\_

Does your child experience high fevers often? \_\_\_\_\_ Explain \_\_\_\_\_

Has your child had any serious injuries? \_\_\_\_\_ Explain \_\_\_\_\_

Does your child have *non-food* allergies? \_\_\_\_ Symptoms? \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_ List Foods \_\_\_\_\_

Symptoms \_\_\_\_\_

Does your child have a doctor-prescribed EpiPen Jr. or AuviQ ? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ Explain \_\_\_\_\_

Has your child ever had a vision test? \_\_\_\_\_ a hearing test? \_\_\_\_\_

Does your child wear corrective shoes? \_\_\_\_\_ Glasses? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_ Explain \_\_\_\_\_

Does your child eat with a spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ What time does your child eat breakfast? \_\_\_\_\_

Is your child right or left-handed? \_\_\_\_\_ Is your family vegetarian? \_\_\_\_\_

Other dietary restrictions: \_\_\_\_\_

**TOILET HABITS**

***(Please remember, due to our licensing requirements, your child must be able to independently use the bathroom.)***

Can your child be relied upon to let the teacher know they need to use the bathroom? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ for bowel movement? \_\_\_\_\_

Does your child need to go more frequently than usual for his/her age? \_\_\_\_\_

Is your child frightened of the bathroom? (for example, flushing toilet)? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_ How does he/she react to them? \_\_\_\_\_

Does your child need help with toileting (i.e. help with clothing, zippers, buttons)? \_\_\_\_\_

Was your child easy or difficult to toilet train? \_\_\_\_\_

Does he/she wet the bed at night? \_\_\_\_\_ How often? \_\_\_\_\_

**OTHER**

Briefly describe your child (personality, abilities, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations for your child at HOPE Preschool? In what particular ways can we help your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_