Joyful Noises Christian Preschool
1912 Florida Street • Huntington Beach, CA 92648 • (714) 536-8909

Family and Social History

STUDENT INFORMATION

Child's Name:	Birthdate:	Sex: M [ ] F [ ]
Reasons for placing child in preschool:		

DEVELOPMENTAL HISTORY

Type of birth:	[ ] Normal	[ ] Premature	[ ] Complications – Describe:	
Age your child:	Sat Up	Crawled	Walked	Talked
Does your child have any speech difficulties?	[ ] No	[ ] Yes – Describe:		
My Child is:	[ ] Right-handed	[ ] Left-handed	[ ] Undecided	
Does your child need assistance with any of the following:	[ ] Dressing	[ ] Undressing	[ ] Eating	[ ] Washing Hands
Is your child independently potty trained?	[ ] Yes	[ ] No		

MEDICAL INFORMATION

Who will provide care when your child is ill and cannot attend school?						
Is your child allergic to animals:	[ ] No	[ ] Yes – Please list:				
Does your child have frequent:	[ ] Colds	[ ] Tonsillitis:	[ ] Earaches	[ ] Stomachaches	[ ] Headaches	[ ] Vomiting
How does your child react to elevated fever?						
Has child been under regular care of physician?	[ ] Yes	[ ] No	[ ] Date of last exam:	/	/	

EATING HABITS

Describe child's attitude toward eating:	[ ] Selective	[ ] Eats wide variety of foods	
Any eating problems?	[ ] No	[ ] Yes – Describe:	
List favorite foods:			
List disliked foods:			
Does your child have food allergies?	[ ] No	[ ] Yes – Describe, please be specific about which foods and specific on the type of reaction:	

SLEEPING HABITS

What time does child get up?	Go to bed?	Sleep well?
Does child sleep during the day?	When?	How long?
Does your child have his/her own room?	[ ] No	[ ] Yes
What does your child take to bed?		

Please fill out the other side – Thank You

SOCIAL AND EMOTIONAL RELATIONSHIPS

Has your child had previous group care experience?	[ ] No	[ ] Yes – Where?
What was his/her response?		
Who provides care for your child other than parents?		
How does your child get along with parents, siblings and other children?		
Does your child have trouble separating from his/her parents?	[ ] No	[ ] Yes
How do you handle the situation?		
Does your child have an outdoor area to play in at home?	[ ] No	[ ] Yes
Does your child have neighborhood playmates?	[ ] No	[ ] Yes
Does your child have trouble sharing with other children?	[ ] No	[ ] Yes
Describe any known fears or special problems?	[ ] No	[ ] Yes
Are there any particular situations that upset your child?	[ ] No	[ ] Yes
How does he/she react to this situation(s)?		
How do you handle the situation(s)?		
List favorite toys and home activities:		

PARENT'S PERSPECTIVE

Parent's evaluation of child's personality:

_____ _____

Parent's/Guardian's Signature Date