

**Norfolk State University
Preschool Academy**

Child and Family History

Name of Child _____ Date of Birth _____

Mother's Name _____ Age _____

Father's Name _____ Age _____

Brothers and/or Sisters of Child

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other Members of Household (Include Relationship and Age)

Please, provide family's ethnic background _____

Home language _____

Does child have room alone or share room? Alone Share

Has child had group play experience? Yes No Where _____

Does child have neighborhood playmates? Yes No

Developmental History of Child

Age at which child – Walked _____ Began Toilet Training _____

Word child uses for – Urination _____ Bowel Movement _____

Usual time for bowel movement _____

Does child dress self? _____

Is child right or left-handed? _____

What time does child usually eat breakfast _____ lunch _____ dinner

Is family vegetarian? _____

Other dietary restrictions _____

What time does child usually go to bed at night? _____ Awaken? _____

Indoor play restrictions _____

Outdoor play restrictions _____

Does child play with water? _____

Does child have any special fears that you are aware of?

What method do you use to control your child's behavior in your home?

What is the child's usual reaction? _____

How would you describe your child's personality? _____

Health History

1. Does the child have any physical condition that we should be aware of?

2. Is child allergic to any specific foods, medication, or any other substances?

If yes, please indicate _____

3. Any previous illnesses? Yes No

4. Is child under care of a doctor? Yes No
If yes, for what reason?

5. Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her daily activities? Yes No
If yes, please explain _____

List the names of person(s) who will be authorized to access your child's information.

