

CHILD'S PERSONAL HISTORY

Child's Name: _____ Nickname: _____

Birthday: _____ Elementary School attending (if applicable): _____

Name of parent or guardian with whom the child lives:

Who else lives in the household? _____

Does your child have any allergies? _____

Any medical conditions we should be aware of? _____

Are there any special food instructions? _____

What words does your child use for toileting? _____

Do you have any pets? _____

What are your child's interests? _____

What holidays do you celebrate? _____

Don't celebrate? _____

What would you like your child to learn during their time here? _____

Any additional information that you feel we need to be aware of? _____

Please fill out and return at enrollment. This form is only used to help us get to know your family better.