

# PERSONAL HISTORY FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

What should we call your child? \_\_\_\_\_

Birth Date: \_\_\_\_\_ List siblings and their ages: \_\_\_\_\_

\_\_\_\_\_

Has your child previously attended a playgroup, nursery school, or Sunday School?  YES  NO

Please list schools or playgroup: \_\_\_\_\_

\_\_\_\_\_

With what does your child especially like to play? \_\_\_\_\_

Does your child stay with other adults such as a regular baby sitter, grandparent, etc?  YES  NO

Does your child speak plainly, so that others besides those at home can understand?  YES  NO

Is any language other than English used at home?  YES  NO What language? \_\_\_\_\_

Does your child have any special fears?  YES  NO If so, please describe: \_\_\_\_\_

\_\_\_\_\_

If there is anything else you would like us to know about your child that would help us to understand him/her better? (Please Print below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What would you like your child to gain from our preschool this year?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a home church? \_\_\_\_\_

If not, would you like Pastor Holliday to contact you about Prince of Peace? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**This information is considered confidential and will be kept on file in the classroom**