

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