

CHRIST LUTHERAN LEARNING CENTER

Child's History

Child's Full Name _____

Name to be used at school _____ Date of Birth _____

Mother's Name _____ Home phone _____ Cell _____

Mother's Occupation and Employer _____ Work # _____

Father's Name _____ Home phone _____ Cell _____

Father's Occupation and Employer _____ Work # _____

Mother's special interests and hobbies: _____

Father's special interests and hobbies: _____

Are you presently married to the child's natural parent? _____ Length of time _____

If divorced, how old was child when first separated? _____ Divorced? _____

Names and ages of siblings: _____

Name all persons living in the child's home, relationship to child, and how each gets along with the child.

List pets and their names: _____

Length of time child has lived in Georgetown area: _____ In how many different home settings has the child lived since birth? _____ Are you presently living in a house or apartment? _____

Does child have extended family (grandparents, aunts, uncles, etc.) in the Georgetown area? _____

Does the child see them? _____ Which ones? _____ Frequency _____

Does child have any children to play with in your neighborhood? _____ If yes, what are the ages of children that your child prefers to play with? _____

How does the child relate to them? _____

Does the child have an imaginary friend? _____

If mother is employed outside the home, how old was child when mother first went to work? _____

_____ Were there adjustment problems? _____

List all types of group experiences that your child has had: _____

Does the child have any special attachments such as a blanket, thumb, etc? If so, describe: _____

List any special fears your child has. _____

What is your child's usual reaction to new situations? _____

Describe child's favorite learning and play activities at home. _____

Were there any special circumstances surrounding your child's birth such as premature birth, early trauma, early illness, adoption, prolonged hospitalization, etc? If yes, describe: _____

Child's age when first walked _____ Toilet trained for day time _____ Nights _____
Does child need assistance in bathroom? _____ Need to be reminded? _____

Does child have any allergies? If yes, describe fully: _____

Does child now have or has he/she ever had any special problems with speech, vision, hearing, eating disorders, and/or health? Describe fully: _____

Does child have any physical problems which may later the way he/she participates in the group? _____
If yes, describe: _____

List discipline procedures used by father: _____

List discipline procedures used by mother: _____

Which is most effective? _____

Are you consistent with discipline? Yes _____ No _____ Most of the time _____ Sometimes _____

What is your greatest discipline problem with your child? _____

Describe any special concerns that you have about your child. _____

How would you describe your child? _____

What are you most interested in seeing the school develop in your child? _____

Please add any additional comments that would help us know your child better. _____

Signature of person filling out this form

Date