ST. DANIEL'S BIBLE KIDS' PRESCHOOL
FAMILY HISTORY FORM

Child's Name_____ Date Completed ___/____/20___

Child's Birth date _____

To better assist your child in their development and understand your child's interest, experiences, and family dynamics, please complete all the questions that pertain to your child and/or family. Thank you for taking the time to help us learn more about your child. This information is confidential.

FAMILY BACKGROUND

Child's Place of Birth _____
(City) (State) (Country)

Siblings:

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____

How does your child relate to other family members?

Which member of your family does your child tend to relate to most frequently?

Is there an obvious difference in the way your child relates with each parent, please describe?

Are other people living in your home? (Grandparents, tenants, etc.)

Is there a family pet?

Peer Relationships

Has your child developed friendships with other children? Yes No

What age child does your child prefer to play with? Younger Same Age Older

Which gender would your child prefer to play with? Boys Girls

How does your child adjust to the following groups?

a) Small groups Eager Hesitant Ready
b) Large groups Eager Hesitant Ready
c) Making new friends Eager Hesitant Ready
d) Familiar friends Eager Hesitant Ready

How does your child communicate with other children in a social setting? (Talks, shouts, takes away, shares, etc.)

Do you have concerns about your child's interactions with other children? Yes No

If yes, please share your concerns

Habits

Does your child have any specific habits such (as sucking thumb/fingers, nail-biting, teeth grinding, temper tantrums, etc.)? If so, how often does this happen?

Does your child still take naps? Yes No Length of Nap? _____

What is your child's normal bedtime? _____ Normal wake up time? _____

Is your child independent with toileting? Yes No

Are there any special requirements we need to know about your child's toileting? (needs help, BM difficulties, frequency, medical issues, etc.)

Experiences/Health

Has your child ever had: surgery/ been hospitalized/ serious illness / or been in an accident?
If yes, please explain

Has your child experienced any major health challenges in life? (were they born premature, heart issues, hearing, or visional issues)

Are there any specific health or developmental issues that your child's teachers should be aware of? (such as: vision, hearing, speech development/delays, ADD or ADHD asthma, indoor allergies, outdoor allergies, Peanut, tree nut allergies, other food allergies) Please list

Learning / Behavioral

Does your child have any fears? (Loud noises, thunder, fire alarms, sirens, etc.) Yes No

Is this your child's first-time school experience? Yes No

Does your child separate easily from parents? Yes No

Does your child express their feelings in an appropriate way? Yes No
If no, please explain

Does your child understand the difference between appropriate and inappropriate behavior?
(Such as using words instead of physically lashing out or being very loud)

In Early Childhood Education the areas of development include cognitive learning, emotional development, social development and physical development of the small motor skills and large motor skills)

Do you have any concerns about your child's learning abilities? (Examples: speech delay, fine motor development, large motor development, sensory issues, social skills, processing information to name a few)

Please disclose any concerns you may have.

How do you discipline your child?

Activities

What are your child's favorite things to do?

Where does your child like playing the most? Indoors Outdoors Both

Has your child experienced any lessons or formal instruction? (swim lessons, dance classes, gymnastics, speech therapy, occupational therapy, etc.)

Is your child allowed to play with electronics? Yes No If yes, how often or long per day?

Does your child have any responsibilities at home? (making their bed, removing their dishes after mealtime, helping load the dishwasher, fold laundry, pick up toys, dressing and undressing themselves, etc.)