

Winnetka Public School Nursery

CHILD AND FAMILY HISTORY

Dear Parents,

Thank you for completing this form. The information will help the teachers make your child's transition to WPSN a positive and comfortable one, and is **strictly confidential**. This communication is a step in our ongoing partnership with you on behalf of your child.

Child's Full Name: _____ Gender: _____

Name Child Likes to be Called: _____ DOB: _____

Parent's Name	
Address:	
Parent Occupation:	
Place of Employment:	
Address:	
Work Hours:	
Amount of business travel:	
Home Phone:	
Cell Phone:	
Work Phone:	Email Address:

Parent's Name	
Address:	
Parent Occupation:	
Place of Employment:	
Address:	
Work Hours:	
Amount of business travel:	
Home Phone:	
Cell Phone:	
Work Phone:	Email Address:

Child's Physician Name:	Phone Number:
Address:	

Siblings			
Name	Birth Date	School/Grade	General Health

Please indicate anyone else who lives in your home and/or spends a significant amount of time with your child:

Please comment on the interactions and relationships among the children in your family:

During the year, family related activities may be incorporated into our curriculum. How would you like us to handle and differences between your family's structure and that of others? _____

Development

Weight at Birth: _____

Please comment on mother's pregnancy and delivery: _____

Please comment on your child's physical and temperamental characteristics as an infant: _____

Please comment on your child's speech and language at present (i.e.: fluency, difficult sounds, vocabulary): _____

Have any areas of your child's development been evaluated? _____ Please comment: _____

Health

Please list any medications your child takes regularly: _____

Please list any allergies your child has and indicate the severity: _____

Are there any health factors which would be helpful for us to know: _____

Toileting

Age bladder training began: ____ Completed: ____ Age BM training began: ____ Completed: ____

Please comment on the ease or difficulty of toilet training your child and current toilet habits (i.e. needs to be reminded, comfortable only at home, etc.)

Sleeping

Usual bedtime: Summer: _____

Winter: _____

Usual time to awaken: Summer _____

Winter: _____

Does your child nap?: ____ How long?: _____ Does your child awaken during the night?: _____

How much sleep does your child need to function well?: _____ Please comment on any

bedtime rituals: _____

Eating

Please comment on your child's eating habits: _____

Play and Home Experiences

Please describe the kinds of play your child enjoys at home: _____

Please describe your child's media habits and preferences (i.e. TV, Video, Video Games, Music): _____

Please comment on any pets you have at home: _____

Group Experiences

Please comment on your child's experiences in a group setting (i.e. playgroups, daycare, etc): _____

What are your hopes for your child's experience at WPSN this year: _____

Behavior

Please comment on your child's general temperament: _____

Please comment on specific situations in which your child becomes tense, afraid, or angry: _____

Please comment on how you generally limit or discipline your child: _____

Are there any factors which would be helpful for the teachers to know about your child: _____

Are there any areas of development or behavioral areas you would like us to observe: _____

Please use five adjectives to describe your child: _____

If you would like, please write a description of your child, including temperament, abilities, needs, creativity, likes/dislikes, and personality:

Parent Signature: _____

Date: _____