

Please Complete and Return first Day of School

Trinity Catholic Academy Pre-School
Personal History Form

Child's Name _____ Date of Birth _____

Nickname(s) _____ Parent(s) Email _____

Home Address _____ Home Phone _____

Mother's Name _____ Maiden Name _____

Place of Employment _____ Wk Tel # _____ Cell # _____

Father's Name _____ Cell # _____

Place of Employment _____ Wk Tel # _____

Medical Information (Ex. Diabetic) _____

Allergies (i.e. Peanut Butter, Bees, Gluten, etc.) What happens when child encounters?
Is Epi-Pen required? _____

Brothers and Sisters of Child:

Name (s)	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Members of your household at present (including family, babysitter, boarder, pets, etc.)

Is another language other than English spoken at home? _____

Family Lives in: House _____ Apartment _____ Farm _____ Other _____

Does Child live at more than one residence, i.e. Joint custody? What are arrangements?

Child's Terminology for Toilet Habits _____

Pre-school children show many different patterns of behavior. It will help us to know your child and to give him/her the help he/she may need. If you can, give us a fairly complete picture of his/her typical interests and behaviors.

Is your child generally Quiet _____ Active _____ Or _____

What situations are upsetting or frightening to your child?

What are his/her ways of meeting anxiety, disappointment or conflict? (Please include behaviors such as thumb sucking, tantrums, withdrawal, crying, etc.) _____

Does he/she recover slowly _____ fairly quickly _____ quickly _____

In what ways can adults help him/her recover _____

What situations does he/she enjoy particularly _____

Is your child accustomed to being left with a baby sitter or with adults away from his/her house? What is his/her reaction when you leave him/her? _____

For what behavior or in what situation is your child disciplined? _____

What methods do you use to discipline your child? _____

Who usually disciplines the child? _____

What is his/her typical reaction? _____

What are your child's favorite toys or type of play activities? _____

Does your child have imaginary play companions? _____

How often does your child play with children of his own age? _____

Younger _____ Older _____ Own Sex _____ opposite Sex _____

If child has had previous school experience, where and for how long? _____

What do your child and his/her mother do together? _____

What do your child and his/her father do together? _____

Comment on any unusual experiences your child has had or anything in his/her behavior _____

What things do you especially enjoy about your child? _____

What would you like your child to learn/gain from the pre-school experience? _____

*****Please list all persons allowed to pick up your child, other than yourself, please list name telephone number and relationship. Your child will not be allowed to go with anyone whose name doesn't appear on the list. (Unless you have spoken to the teacher or her associate).**

(Please attach a picture or copy of license for each person.)

****In an emergency, whom do we call, if you cannot be reached? Please list name, telephone number and relationship** _____

Form filled out by _____ Date: _____

Please note any additional information here: