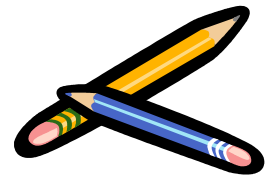


**St. Paul Early Learning Center
CHILD HISTORY FORM**



Name _____

Address _____

Phone _____ Date of Birth _____

Conditions at birth _____

Names & Ages of Siblings

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Does your child talk? Yes No Allergies? Yes No Fractures? Yes No

High Temperatures? Yes No Does your child take any medication regularly? Yes No

If so, please list with dosage amounts: _____

Is He/She Overactive? Yes No Underactive? Yes No

Is He/She Right-handed or Left-handed? _____

Is your child adopted? Yes No Are the parents divorced or separated? Yes No

Is either parent deceased? Yes No Either parent absent for a long time? Yes No

Is your child cared for by anyone other than the parents? _____

Does your child play with other children? Yes No Does he/she play alone? Yes No

Has your child had previous child care placement? Yes No How long? _____

What does your child enjoy doing most? _____

Does your child enjoy helping you? _____ Helping himself? _____

When you find it necessary to discipline your child, what do you do? _____

How do you go about reassuring and rewarding your child? _____

Does your child get along with his/her brothers and sisters? _____

Does your child accept new people easily? _____

Does your child have any particular habits or mannerisms, such as thumb sucking, nail biting? Please describe.

Does he/she have any special fears (darkness, sirens, vacuum, etc)? Please list. _____

Does he/she enjoy food? _____

What do you do when he/she refuses food? _____

Is there anything unusual about his/her eating that we should know about? _____

What is your child's regular bedtime? _____ Waking time? _____

Does he/she take an afternoon or a morning nap regularly? _____

What times? _____ How long? _____

Is your child potty trained? Yes No

How does he/she state his/her need for urination? _____
(What are the actual words)

For bowel movement? _____

Does your child have any speech problems or learning disabilities to your knowledge? _____

Do you have anyone else living in your home with you? Yes No

If yes, what are their names? _____

Do you have pets? Yes No What are they? _____ Names _____

Please list below any further information about your child or your family which you feel will be helpful to us in understanding your child's behavior:
