



Please date: \_\_\_\_\_

### *My Child's Biography*

*It is important we understand your child, their interests, likes, dislikes, experiences, etc. This assists our staff to better work with the children in all aspects of their development.*

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address/Town \_\_\_\_\_ Gender \_\_\_\_\_

Parent's First Names \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occup./Interests DAD: \_\_\_\_\_ MOM: \_\_\_\_\_

Parents' Cells MOM: \_\_\_\_\_ DAD: \_\_\_\_\_

Parents' E-Mail: \_\_\_\_\_

#### Health History

Allergies? \_\_\_\_\_

Symptoms \_\_\_\_\_

Any previous illness that may affect his/her development? \_\_\_\_\_

Any restrictions? \_\_\_\_\_ If so, explain \_\_\_\_\_

#### Child and Family

Name your child responds to \_\_\_\_\_ Any Fears? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ Child's future school \_\_\_\_\_

Names & birth dates of siblings \_\_\_\_\_

Marital Status \_\_\_\_\_

#### Developmental Characteristics

What age did your child begin talking? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

#### Social Characteristics

Has your child attended school before? \_\_\_\_\_ Where \_\_\_\_\_ How long? \_\_\_\_\_

Has your child attended other group programs? \_\_\_\_\_ Where \_\_\_\_\_ How long? \_\_\_\_\_

Favorite activities and toys \_\_\_\_\_

Does your child know other children at Grand Avenue? \_\_\_\_\_

Is your child generally outgoing \_\_\_\_\_ shy \_\_\_\_\_ withdrawn \_\_\_\_\_

How do you discipline? \_\_\_\_\_

#### Diet

Is your child hungry at meal times? \_\_\_\_\_ Between meals? \_\_\_\_\_

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Does your child have any special interests or talents we can develop further? \_\_\_\_\_

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Is there anything you feel we should know about your child( physical, emotional, religious practices)? \_\_\_\_\_

In what ways may we help your child this year? \_\_\_\_\_



Please date: \_\_\_\_\_

## My Child's School-Age Biography

*It is important we understand your child, their interests, likes, dislikes, experiences, etc. This assists our staff to better work with the children in aspects of the care they receive at Grand Avenue Preschool & Day Care.*

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Address/Town \_\_\_\_\_ Child's Gender \_\_\_\_\_

Parent's First Names \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents' Cells MOM: \_\_\_\_\_ DAD: \_\_\_\_\_

Parents' E-Mail: \_\_\_\_\_

Marital Status \_\_\_\_\_ Child's Grade \_\_\_\_\_

### Health History

Allergies/Symptoms (list) \_\_\_\_\_

Any previous illness that may affect development? \_\_\_\_\_ If so, what? \_\_\_\_\_

Any restrictions? \_\_\_\_\_ If so, explain \_\_\_\_\_

### Child and Family

Name your child responds to \_\_\_\_\_ Nickname \_\_\_\_\_

Any Fears? \_\_\_\_\_ If so, explain \_\_\_\_\_

Name of school your child attends \_\_\_\_\_ Grade Level \_\_\_\_\_

Name(s) & birthdate(s) of siblings \_\_\_\_\_

Is your child right or left-handed? \_\_\_\_\_

### Social Characteristics

Which school(s) has your child attended previously (listing where and how long)? \_\_\_\_\_

What are your child's hobbies? \_\_\_\_\_

What are some of your child's strengths? \_\_\_\_\_

What are some of your child's weaknesses? \_\_\_\_\_

Is your child generally outgoing \_\_\_\_\_ shy \_\_\_\_\_ withdrawn \_\_\_\_\_?

Does your child have any special interest or talents we can assist to develop? \_\_\_\_\_

Is there anything else you feel we should know about your child (physical or emotional, religious practices, etc.)? \_\_\_\_\_

In what ways may we help your child this year? \_\_\_\_\_