

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



## My Child's School-Age Biography- K-5th

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Is your child generally outgoing \_\_\_\_\_ shy \_\_\_\_\_ withdrawn \_\_\_\_\_?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

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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? \_\_\_\_\_

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