

_____’s Personal Record

This form is to increase the Director’s and Teacher’s understanding of your child’s personality, likes and dislikes, and important people in his/her life.

Child’s Name:

Nickname:

Height:

Weight:

Birthdate:

Birthplace:

With whom does your child live?

Mother	Name
Father	Name
Brother/s	Name and Age
Sister/s	Name and Age
Other Family Members	Name and Age

The CDC at the First Presbyterian Church of Santa Fe

Anne Liley, Preschool Director

208 Grant Street, Santa Fe, NM 87501

505-982-8919

preschool@fcsantafe.org

Brothers and Sisters not living with child:

Name and Age

Other people your child sees frequently:

Name/s

Does your child visit grandparents frequently? By what names or nicknames are they called?

Has your child been cared for anyone other than parents?

If child attended another day care center, please name:

Is your child toilet trained? If so, what does your child say when wishing to use the toilet?

Does your child need help in dressing and/or undressing?

Does your child have a room alone? If no, who shares the room?

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Does your child take a nap?

Was your child premature?

Does your child have any special fears?

Does your child have any special problems?

Has your child ever been tested for a learning disability or developmental delay? If so, what were the results?

Does your child have any allergies?

Does your child have any history of:

Vision impairment or eye infection _____

Hearing impairment or ear infection _____

Speech problems _____

Existing Illness: _____

Previous Serious Illness/Injuries: _____

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Hospitalization during past 12 months: _____

Any medication prescribed for long-term continuous use:

Description of Child's Play Experiences – Please tell us how your child plays!

Outdoors:

Security Items/Favorite Toys:

Favorite games:

With Books:

With crayons/scissors/paste:

With other children:

Parent/Guardian Signature

__/__/____
Date