

Little Sparrows Nursery School Child History & Questionnaire Form

CHILD'S FIRST NAME: _____ CHILD'S LAST NAME _____

DATE OF BIRTH _____

GENDER M F

ALLERGIES? YES NO If yes, the allergy is _____

of Siblings _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Was your child born prematurely? Yes No If yes, how many weeks _____

At what age did your child begin talking 2-3 word sentences? _____

At what age did your child begin crawling? _____

At what age did your child begin walking unsupported? _____

If trained, at what age was your child toilet trained? _____

Has your child had experience playing with other children? Yes No
If yes, what age(s) and how so (playgroups, cousins, etc)?

Has your child had another nursery school experience? Yes No
If so, where?

Does your child have any pets? Yes No
If so, what is the name(s) of your pet(s)

Does your child have any fears? Yes No
If so, what?

Does your child have separation anxiety? Yes No

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What is the best way, you have found, to calm your child if he/she becomes upset?

What are your child's favorite characters, books, toys, etc?

By nature is your child (check all that apply)

- Outgoing/Friendly
- Timid/Shy
- Withdrawn/Hesitant
- Stubborn
- Aggressive
- Shows affection and empathy towards others

All information contained herein is confidential and will not be released to others verbally or in writing without parental/guardian consent.