

SOCIAL HISTORY FORM

MONTVIEW COMMUNITY PRESCHOOL AND KINDERGARTEN

1980 Dahlia St. Denver, CO 80220

Licensing guidelines require this form to be filled out annually.

Date Completed _____ Teacher _____ Class _____ am/pm

Child's Full Name _____

Name child goes by: _____ Birthday _____

Address _____

Parent's Name _____ Parent's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Hobbies, talents or interests to share with children: _____

Others living in the home:

<u>Name</u>	<u>Relationship to Child</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the primary language spoken in the child's home? _____

Number of playmates: _____ Ages: _____ Any pets? _____ Pet's Name(s): _____

Will there be a caretaker other than the parents who CONSISTENTLY will be dropping off and picking up this child (i.e., a babysitter, nanny, grandparent, etc)? If so, please list: _____

Please detail any social or emotional experiences of which you think your child's teacher needs to be aware. (For example: birth difficulties, adoption, divorce, serious accidents or illnesses, losses, moves, ear infections, etc.) _____

Has your child had any previous preschool experience? If so, briefly describe how many hours & days, type of preschool, and how your child's experience was. _____

Are there unique cultural, social or religious traditions that would impact your child's classroom experience?

What type of discipline works best with your child? _____

What type of play does your child most enjoy; what are your child's current interests? _____

How does your child react to baby-sitters, new people and new situations? _____

What are your hopes for your child in preschool or kindergarten? _____

At what age were your child's first developmental milestones, i.e. walking, talking, potty-training, sleeping through the night, bottle or breast weaning? _____

Does your child exhibit any behaviors that are challenging or troublesome for you? _____

Other comments or concerns that you would like to share with your child's teacher: _____

Does your child have an IEP (Individual Education Plan)? _____

In order to drive children on field trips, a parent must have automobile insurance and seat belts. Do you have automobile insurance?

Does your insurance cover personal injury to children you might be transporting on a field trip? _____

At what time of day do you prefer parent conferences? Morning _____ Afternoon _____ Evening _____

HEALTH INFORMATION:

Does your child have allergies (particularly to food or animals?) Please describe: _____

Does your child have any medical condition requiring that medication be given during school hours? Please describe:

What are your child's request words for toileting: _____

Is your child right or left handed? _____

Sleep habits: Night time, from _____ to _____. Nap time, from _____ to _____

Are there any unusual medical/physical condition? Please explain: _____

Has your child in the past, or is he/she presently seeing a:

Speech Therapist _____ Occupational Therapist _____

Physical Therapist _____ Counselor/ Therapist _____

Thank you for completing this form. This original will be kept in the student's confidential file.