

Legacy Learning Academy

Child and Family History

Name of Child _____ Date of Birth _____

Mother's Name _____ Age _____

Father's Name _____ Age _____

Brothers and/or Sisters of Child

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other Members of Household (Include Relationship and Age)

Please, provide family's ethnic background _____

Home language _____

Does child have room alone or share room? Alone Share

Has child had group play experience? Yes No Where _____

Does child have neighborhood playmates? Yes No

Developmental History of Child

Age of which child – Walked _____ Began Toilet Training _____

Word child used for – Urination _____ Bowel Movement _____

Usual time for bowel movement _____

Does child dress self? _____

Is child right or lefthanded? _____

What time does child usually eat breakfast ___ lunch ___ dinner ___

Is family vegetarian? _____

Other dietary restrictions _____

What time does child usually go to bed at night? ___ Awaken? ___

Indoor play restrictions _____

Outdoor play restrictions _____

Does child play with water? _____

Does child have any special fears that you are aware of?

What method do you use to control your child's behavior in your home?

What is the child's usual reaction? _____

How would you describe your child's personality?

Health History

1. Does the child have any physical condition that we should be aware of?

2. Is child allergic to any specific foods, medication or any other substances?

3. Any previous illnesses? Yes No

4. Is child under care of a doctor? Yes No

If yes, for what reason? _____

5. Does this child require special attention, medication, or routines that may have to be take into consideration in planning for his/her daily activities? Yes No

If yes please explain _____

List the names of person(s) who will be authorized to access your child's information.
