



“Committed To Excellence”

Invest in your child’s future.

Confidential History Form

(The information requested on this form will assist in the care of your child. It is for internal use only and will be kept confidential.)

General Information

Child’s Name: _____ Date: _____
 Child’s nickname, if any: _____ Birth Date: _____
 Home Address: _____ City: _____ State: _____
 Zip: _____ Telephone: _____ Sex: Male/Female: _____

Parent/Guardian: _____ Bus. Phone: _____
 Business Name & Address: _____

Parent/Guardian: _____ Bus. Phone: _____
 Business Name & Address: _____

Mother’s Cell Phone: _____ Father’s Cell Phone: _____
 Mother’s E-Mail Address: _____ Father’s E-Mail Address: _____

Family Information

Please list child’s siblings who reside in the same household:
 Name: _____ Age: _____ Name: _____ Age: _____
 Name: _____ Age: _____ Name: _____ Age: _____

Does anyone else reside in the household? If so, list their name(s), age(s), and relation to your child:

Grandparents’ names and telephone #'s:

Name: _____ Telephone: _____
 Name: _____ Telephone: _____
 Emergency contact name (1): _____ Telephone: _____
 Emergency contact name (2): _____ Telephone: _____

Is anyone other than child’s parents authorized to pick up your child from school? (Y or N): _____

If yes, provide the following information (If more than two, please attach page with signature):

Name: _____ Relationship _____ Telephone: _____
 Name: _____ Relationship _____ Telephone: _____

Have there been any difficulties or crises in the family, such as divorce, death, accidents or prolonged illnesses? If so, please describe: _____

Child’s Information

Allergies/Medical conditions: _____
 Languages spoken at home: _____
 Personality: shy/outgoing? passive/aggressive? _____ Are playmates available? (Y or N): _____
 Does child eat well? (Y or N): _____ Does your child sleep well? (Y or N) at bedtime? _____ naptime? _____
 How does your child interact with others children? _____
 Does your child wear diapers or pull-ups? _____ Are you able to spend time exclusively with your child? Please describe: _____
 Has your child ever attended any school or childcare before? (Y or N) _____ If yes, where? _____
 Is there any additional information that you would like us to know regarding your child? _____

I certify that the above information is accurate:

Name: _____ Signature: _____ Date: _____

(Please Print)