



## NEW STUDENT HISTORY

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**Child's Name** \_\_\_\_\_ **Nickname (if any)** \_\_\_\_\_ **Today's Date** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_ **Parents** \_\_\_\_\_

This student profile gives us a starting point for becoming acquainted with your child. We will be better able to support your child by having some basic information and a glimpse into your child's history and personality. We are also interested in starting a conversation with you about your child and family. Please use this opportunity to help us support your child's development and experience at Children's Garden. Please attach any additional or related information.

### MEDICAL and DEVELOPMENTAL INFORMATION

1. Is there any information about the pregnancy or delivery of this child that would be helpful for the staff to know?
2. Age at which child: sat up \_\_\_\_\_ crawled \_\_\_\_\_ walked \_\_\_\_\_  
Notes:
3. Please describe your child's overall health:

And:

Physical problems \_\_\_\_\_

Speech problems \_\_\_\_\_

Hearing problems \_\_\_\_\_

Vision problems \_\_\_\_\_

Chronic problems (example: ear infections)? \_\_\_\_\_

Does your child take any regular or frequent medication? \_\_\_\_\_

Is your child seeing a therapist or specialist? \_\_\_\_\_

Notes:

4. Please describe any history of

Accidents: \_\_\_\_\_

Injury: \_\_\_\_\_

Illness: \_\_\_\_\_

Notes:

5. Does your child have ANY ALLERGIES? \_\_\_\_\_

Notes:

6. Sensitivities (i.e. foods, sugar) \_\_\_\_\_

Notes:

7. Dietary requirements (i.e. vegetarian, non-dairy) \_\_\_\_\_

Notes:

### **GENERAL INFORMATION**

1. Please describe your child.

2. What activities interest your child the most?

3. Does your child have other scheduled activities beside school? Please list:

4. What opportunities does your child have to play with other children?

5. If your child has siblings: how old: \_\_\_\_\_ how do they interact with each other?
  
6. Has or does anyone else care for your child on a regular basis? Please specify
  
7. Is there a language other than English spoken in your home?
  
8. Describe your child's verbal ability:
  
9. Are there any words or phrases your child uses often that we may not understand?
  
10. Describe any fears your child may have:
  
11. Describe your child's response to discipline.
  
12. How do you help calm your child when s/he is upset?
  
13. How does your child calm her/himself when upset?
  
14. What is your child's usual bedtime? \_\_\_\_\_ waking time: \_\_\_\_\_ nap \_\_\_\_\_
  
15. Does your child follow a regular bedtime routine? Describe:

16. Does your child follow a morning/before school routine? Describe:

17. How does your child express her/his toileting needs?

18. What does your child either do or attempt to do for him/herself (dress, brush teeth, chores?)

19. Is there anything else about your child that you feel would be helpful for the staff to know?

Thank you for taking the time to share with us about your child and family. We are aware that some of the information may be sensitive, and we will treat our communications with you in confidence. We hope that the Children's Garden teachers, staff and community will become part of the resources you use to support your most important role, as your child's parent. Please consider our doors open and this as an opening to a dialogue about your child.