

THE CHILDREN'S HOUSE MONTESSORI SCHOOL  
4023 Lee Avenue, Little Rock, AR 72205

PERSONAL HISTORY

Name of child \_\_\_\_\_

\_\_\_\_\_

	<b>LAST</b>		<b>FIRST</b>	<b>MIDDLE</b>
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Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

Who should we contact in an emergency (other than parents)?

Name _____	Relationship to child _____
Address _____	Business telephone _____
_____	Home telephone _____
	Cell telephone _____

Other children in family - names and ages \_\_\_\_\_

Other members of household \_\_\_\_\_

Are both parents living in the household? \_\_\_\_\_

Is either parent deceased? \_\_\_\_\_ Is either parent away from home for long periods of time? \_\_\_\_\_

How does your child relate to other family members? \_\_\_\_\_

Please describe any alienations/frictions in the family you think we should be aware of: \_\_\_\_\_

Describe any fears or anxieties your child may have/had in the past. If possible, relate these to any significant events in his life, e.g. new baby, moving house, divorce, deaths, accidents or hospitalizations:

List other schools attended - please give names and dates attended: \_\_\_\_\_

Describe briefly your child's adjustment to school, Sunday School, camp or any other group activities, separate from family events. Include how he/she reacts to counselors, teachers or other parents and his peers:

Does your child have a room alone at home? \_\_\_\_\_ If not, with whom does he share? \_\_\_\_\_

**DAILY ROUTINE:** What time does your child get up? \_\_\_\_\_ Go to bed \_\_\_\_\_ Does he sleep well during the day? \_\_\_\_\_ Does he sleep well at night? \_\_\_\_\_ Does he have a place to play outdoors? \_\_\_\_\_ Does he have any food dislikes? \_\_\_\_\_ Allergies? \_\_\_\_\_

Does your child have any special needs or limitations? \_\_\_\_\_

Glasses \_\_\_\_\_ Hearing-aid \_\_\_\_\_ Orthopedic shoes/braces \_\_\_\_\_ Medication \_\_\_\_\_ Observation for seizures \_\_\_\_\_

Motor difficulties \_\_\_\_\_ Language problem \_\_\_\_\_ Learning disability \_\_\_\_\_

Were there any significant events of pregnancy or delivery? \_\_\_\_\_

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Was your child adopted after age 6 weeks? \_\_\_\_ If so, at what age? \_\_\_\_ Are there any significant features of adoption that the school might need to be aware of i.e. emotional/medical? \_\_\_\_\_

When your child was very young, were you ever concerned about motor or language development? \_\_\_\_ If so, please explain the are of concern (e.g. walked/talked late, wore braces for orthopedic reasons) \_\_\_\_\_

Is your child right handed \_\_\_\_ left handed \_\_\_\_ ambidextrous \_\_\_\_ don't know yet \_\_\_\_ Did he/she ever switch hands after 2 1/2 years? \_\_\_\_ What special abilities/talents does your child have? \_\_\_\_\_

**PERSON(S) FINANCIALLY RESPONSIBLE FOR THIS CHILD:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

ZIP CODE \_\_\_\_\_

**WHO HAS CUSTODY OF THIS CHILD?**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Are there any legal facts regarding a divorce, separation, custody, adoption etc. that the school should be made aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**\*\*THIS INFORMATION WILL BE AVAILABLE TO TEACHERS AND CHILD CARE STAFF\*\***

Please list persons (other than custodial parent(s)) who have permission to pick up your child from school:

_____	_____
_____	_____
_____	_____

Is there anyone who may **NOT** pick up your child from school?

\_\_\_\_\_

Father's name \_\_\_\_\_

Business telephone \_\_\_\_\_

Home telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

Mother's name \_\_\_\_\_

Business telephone \_\_\_\_\_

Home telephone \_\_\_\_\_

Cell telephone \_\_\_\_\_

**PLAN FOR CARE WHEN CHILD IS ILL:** \_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Information given by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_