

**2019/2020**

**S.E.E.D.S**

St. Elizabeth Educational Day-out Service  
6646 Addicks Satsuma  
Houston, Texas 77084  
Tel. 281-855-2503  
Fax. 281-855-6877  
www.seedsrootedinlove.org

RM \_\_\_\_\_



## Personal Information Form

Please introduce us to your child.

This information is for the confidential use of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand him/her.

### General Information

Child's Name \_\_\_\_\_ Preferred Name used \_\_\_\_\_

Birthday \_\_\_\_\_ Right or Left Handed \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Names and ages of siblings' \_\_\_\_\_

Primary Language spoken at home: \_\_\_\_\_

### Medical Information

Present Medical or chronic conditions (asthma, epilepsy, etc.) \_\_\_\_\_

Allergies (food, insect, etc.) \_\_\_\_\_

Did you have a normal pregnancy/delivery? \_\_\_\_\_

Special Precautions and other information \_\_\_\_\_

### Behavior Habits

Does your child follow a regular daily routine? (Describe) \_\_\_\_\_

How does your child react to a change in routine? \_\_\_\_\_

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What is your child like at mealtime: Does he/she eat much? \_\_\_\_\_ Fast or Slow \_\_\_\_\_  
Times of day he/she usually eats \_\_\_\_\_

Does your child usually nap? \_\_\_\_\_ What time? \_\_\_\_\_ How long? \_\_\_\_\_  
Does your child sleep with anything special? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ Does your child have any special toileting  
needs? \_\_\_\_\_

Is your child usually: Active? \_\_\_\_\_ Sedate? \_\_\_\_\_ Quiet? \_\_\_\_\_ Aggressive? \_\_\_\_\_  
Please use other words to describe. \_\_\_\_\_

What form of discipline is use at home? \_\_\_\_\_

Is your child afraid of anything? \_\_\_\_\_

If so, how are you dealing with it? \_\_\_\_\_

## **Home and Play Experiences**

What adults live in the home? \_\_\_\_\_

Does anyone visit the home frequently or for long periods? \_\_\_\_\_

Does he/she have any pets? (give names) \_\_\_\_\_

Does he/she have good play experience with other children? \_\_\_\_\_  
\_\_\_\_\_

Does he/she enjoy playing alone? \_\_\_\_\_

What are his/her favorite play activities? \_\_\_\_\_

Does he/she enjoy books? \_\_\_\_\_

Has he/she attended this school or any other school for young children? \_\_\_\_\_

When and Where? \_\_\_\_\_

## **Parent Comments**

Please tell us your hopes and dreams for your child and give us any information which you think teachers should be aware of, such as death, separation, illness or other personal crisis.