

## John Knox Cooperative Preschool - Child's Personal History

Child's Full Name \_\_\_\_\_ Class \_\_\_\_\_

1. Does child have any allergies? If yes, to what?

What types of reactions?

2. Does child have any brothers or sisters?

Name

Birthday

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

3. Does someone regularly care for child other than parents?

If yes, by whom?

4. Please comment on any family problems that might be relevant.

5. Do you have any additional concerns regarding your child or dietary restrictions?
  
6. Why did you pick John Knox Cooperative Preschool?
  
7. How did you come to know about the school?
  
8. Did you have a normal pregnancy?                      If no explain:
  
9. Did you go full term or deliver early?      If early, how many weeks?
  
10. At what age did your child start to crawl?