



Planet Kids Children's Center/Star Academy

**Child Personal History**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

**Birth Information**

Birth Date: \_\_\_\_\_ Type of Birth: \_\_\_ Normal \_\_\_ Premature Complications? (explain): \_\_\_\_\_

**Language**

Age child began talking? \_\_\_\_\_ Does that child speak another language? If yes, which? \_\_\_\_\_

Are there special words child uses to describe needs?: \_\_\_\_\_

**Health**

What arrangements can you make for child's care during illnesses? \_\_\_\_\_

Have there been any serious illnesses or hospitalizations? \_\_\_\_\_

Are there any physical disabilities or developmental delays? \_\_\_\_\_

Are there any medications given regularly? \_\_\_\_\_

Allergies? \_\_\_\_\_ Any food limitations? \_\_\_\_\_

**Toilet Habits**

Is your child toilet trained? \_\_\_\_\_ Can your child toilet independently? \_\_\_\_\_

Any other issues regarding toilet habits? \_\_\_\_\_

**Sleeping Habits**

What time does child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_ Does your child nap? \_\_\_\_\_

Does your child have a regular bedtime routine? \_\_\_\_\_

(please see back)

**Social Relationships**

Does your child spend time with both parents? \_\_\_\_\_ If no, explain \_\_\_\_\_

If separated/divorced, how often does your child see the absent parent? \_\_\_\_\_

Does your child play with other children? \_\_\_\_\_

Please list ages and names of siblings:

---

---

---

---

Has your child been in school/daycare before? Please describe listing school and/or program:

---

---

---

How does your child relate to strangers or new situations? \_\_\_\_\_

How does your child show his/her feelings? \_\_\_\_\_

Is your child frightened by anything we need to know about? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_ How do you comfort your child? \_\_\_\_\_

In what ways can we help your child this year? \_\_\_\_\_

---

---

---

---

Thank you for taking the time to complete the above. 😊