



FORESIGHT Learning Center Inc.

Family and Social History

Name of Child _____ D.O.B. _____
Address _____ Phone _____
Mother (or Guardian) _____ Age _____
Father (or Guardian) _____ Age _____
Email Address _____

Marital Status of Parents Living Together _____
Separated _____ How Long _____ Divorced _____ How Long _____
Stepfather _____ Name _____ How Long _____
Stepmother _____ Name _____ How Long _____

Custody / Visiting Arrangements _____

Remarks _____

If Child is Adopted: Age at Adoption _____ Does child know he/she is adopted? _____

Brothers and Sisters of Child:

Name _____ D.O.B. _____ Grade in School _____
Name _____ D.O.B. _____ Grade in School _____
Name _____ D.O.B. _____ Grade in School _____
Name _____ D.O.B. _____ Grade in School _____

Other members of the household (include relationship and age):

If both parents are away during the day, please state arrangements for child's care when not at the center: _____

Does the child have a room alone? _____ If not, with whom? _____ Who has cared for the child other than parents? (State whether adults or teenagers) _____

Does the child have playgroup experience? _____ Where? _____

Does the child have neighborhood playmates? _____ Describe: _____

When and with whom does the child watch TV? _____

How many hours per day? _____

Developmental History of Child

Age at which child: crawled _____ sat alone _____ walked _____ right or left handed _____

Word child uses for urination _____ for bowel movements _____

Usual time for B.M. _____

Does child dress self _____
What time does child eat: Breakfast _____ Lunch _____ Dinner _____
Eating problems _____
Is the family vegetarian _____
Other dietary restrictions _____
What time does child go to bed _____ Awaken _____ Does child sleep well _____
What are child's favorite indoor play activities _____

Outdoor Activities _____

Do you have any concerns about your child's development _____

Does child have any special fears _____

Does child have any speech problems _____

Does child have any other problems that we should be aware of _____

What method of behavior control is used in your home _____

What is child's usual reaction _____

How would you describe your child's personality _____

Special Family/Cultural Beliefs Please state any special beliefs we should be aware of:

Health History of Child

What illness has the child had? At what age? (Write in age by name of illness)
Chicken Pox _____ Scarlet Fever _____ Diabetes _____ Mumps _____ Measles _____
Hepatitis _____ Asthma _____ Other: _____

Does child have frequent colds _____ Explain _____

Tonsillitis _____ Earaches _____

Does child run high fevers easily _____

Has child had any serious accidents _____ Explain _____

Is child allergic _____ If so, how does it usually manifest itself:

Asthma _____ Hay Fever _____ Hives _____ Other _____

Do you know what the allergy is caused by _____

Has child ever been to the dentist _____ Has child had vision tested _____

Hearing tested _____ Does child wear corrective shoes _____

What would you like your child to gain from preschool or kindergarten? _____

