

WELLSPRING SCHOOL

CHILD HISTORY – EARLY CHILDHOOD PROGRAMS

All questions are optional, but we appreciate as much detail as you are able to give. Medical questions are to insure proper care and are not used for admissions screening. Your responses will be kept confidential unless otherwise required by law or emergency. The information is used to assist us in protecting and guiding your child, and to plan a curriculum that suits his/her needs. This form, the application form, and your child's immunization form or waiver, must be submitted prior to enrollment.

1. Describe your child's birth.
2. Describe you child (personality, likes and dislikes, relationships with other children and adults, interests, daily rhythms, etc.)
3. List any serious illnesses, accidents or operations (with dates).
4. Has he/she experienced any extended absence or death of a loved one, separation or divorce? Describe any other traumatic experiences your child may have had.
5. Does your child have any reoccurring fears or dreams? What kinds of things make your child fearful or nervous?
6. Does your child have any difficulties with vision, hearing, speaking? Any learning disabilities? Has your child ever been tested for hearing/speech?

7. Describe your child's toileting habits; sleep habits.
8. How does your child play? What are his/her favorite activities?
9. Does he/she play well alone? Does he/she enjoy the outdoors?
10. Does your child have special diet requirements or known food allergies?
11. To what extent is your child exposed to media? (TV, videos, computer, radio, etc.)
12. Does your child have any special needs and/or talents that should be considered?
13. Please use the remaining space to add anything else you would like to share about your child.