

THE MUSIC SETTLEMENT PERSONAL HISTORY

Child's Name _____ Date of Birth _____

By what name do you wish the child to be called at school? _____

Ethnic background (optional): _____ (used for United Way reporting)

Position in family (Please list siblings according to age, oldest first):

Name _____	Date of Birth _____	Sex _____
Name _____	Date of Birth _____	Sex _____
Name _____	Date of Birth _____	Sex _____
Name _____	Date of Birth _____	Sex _____

Others in household: _____

Parent's Name _____ Phone _____ e-mail _____
Relationship to Child _____ (to be used for Family contacts only)

Occupation _____ Employer _____

Parent's Name _____ Phone _____ e-mail _____
Relationship to Child _____ (to be used for Family contacts only)

Occupation _____ Employer _____

Speech: Does your child speak plainly so that others beside those at home can easily understand him/her?

Can your child verbalize his/her needs ____ wants ____ feelings ____ ?
Is a language other than English spoken at home? _____ If yes, what? _____

Dressing: Does he/she help to dress or undress self? _____ If yes, in what way does the child help?

Medical: Does he/she have any current medical problems (i.e. asthma, allergies, etc.)? _____

Does he/she have any history of accidents, hospitalizations, etc. of which we should be aware _____

Has your child ever been stung by a bee? _____ Was there a reaction to the sting? _____
What precautions has your physician suggested in case of a sting? _____

Has your child had his/her hearing tested by a physician or specialist? _____ If yes, are there any concerns about your child's hearing? _____

Has your child had more than two ear infections? _____ When was the last infection? _____

Sleeping: What is your child's daily schedule? Wake _____ Nap _____ Bed _____

Is the above daily schedule you have indicated consistent on a daily basis? Yes ____ No ____

State licensing guidelines mandate that all children who attend longer than 7 hours must have a rest period. Would you describe your child as: Rester _____ Sleeper _____

What is his/her mood on awakening in the morning? _____
After a nap? _____

Does he/she have own room? _____ Own bed? _____

Does he/she talk or cry out while asleep? _____

How does your child get himself/herself to sleep? _____

What is the bedtime routine? _____

Eating: How would you describe your child's eating habits? Excellent ____ Average ____ Picky ____ Poor ____

Does your child snack in-between meals? Yes _____ No _____ Sometimes _____

What time does your child normally eat? Breakfast _____ Lunch _____ Dinner _____

Does your child have any food allergies? _____ If yes, what: _____

Toileting: Can your child be relied upon to indicate his/her bathroom needs? _____
What word is used for urination? _____ Bowel movements? _____
Does your child need help with toileting? _____
Is your child prone to accidents? _____
When your child was potty trained? _____
Does he/she wet at night? _____ At nap? _____ How often? _____

Social: Previous or current child care arrangements (preschool, child care facility, homecare facility, home care providers, grand-
parents, etc.) Please list: _____
Is there anything significant we should know about your child's experience at his/her previous child care provider? _____

Why have you chosen to enroll your child at The Music Settlement? _____

Has he/she had experience playing with other children? _____

What group experience has your child had to date? _____

By nature is your child: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____

How does he/she get along with brothers and sisters? _____

How does he/she relate to other adults? _____

With what age child does he/she prefer to play? _____

Does he/she know other children attending our school? _____

Do you anticipate an easy adjustment to beginning school? _____

What makes your child upset or angry? _____

How does your child show affection? _____

Hostility? _____

How does your child seek attention (i.e. asking? whining?) _____

What does your child like to do alone? _____

What does he/she like to do with you? _____

Is your child frightened by any of the following:

Animals _____ Dark _____ Storms _____ Loud Noises _____

Rough children _____ Other _____

Favorite toys and activities at home: _____

Does he/she like to be read to? _____ Listen to music? _____

Does your child like to play outdoors? _____ Approximate time daily _____

Will he/she attend any other programs while attending The Music Settlement? _____

What special holidays and customs do you celebrate that you would like us to recognize at school? _____

Has he/she had experience with: Clay _____ Scissors _____ Easel Paint _____ Finger Paint _____ Blocks _____

How much time does your child spend daily watching TV or videos? _____

What are his/her favorite programs or videos? _____

Discipline: How do you discipline your child? Reasoning _____ Consequences _____ Denial of privileges _____

Isolation _____ Scolding _____ Spanking _____ Other ways _____

What do you find is the best way of guiding your child's behavior? _____

Who does most of the disciplining? _____

Are there any special problems of which we should be aware? _____

Important Family Happenings:

Please give the dates if any of the following have happened:

A move _____ A new baby _____ A separation/divorce _____

A hospitalization _____ Who? _____ A death _____ Who? _____

Are there any special concerns regarding the above family happenings and how can we help you address these concerns?

Are there any special concerns that you have about your child or any additional comments?

(Please use an extra sheet if necessary) _____

