



Personal Childhood History

Child's Name: _____ Birth Date: _____

Parent/Guardian: _____

Home Telephone: _____ Work Telephone: _____

Address:

Birth Place: _____ Nickname: _____

Other Members of Household:

Names:

Ages:

Relationships:



PERSONAL HISTORY:

Parent(s) that live(s) outside the household _____

Any Pets? _____ Name: _____ Type: _____

Are there any types of cultural or religious backgrounds that the center needs to be made aware of? _____

Has he/she had any other group/Preschool experiences?

What age did your child(ren) start? _____

How much time do you spend with your child? _____

Does your child have any special needs?

Does your child have an IEP/IFSP? If yes, please describe:

Are you willing to provide a copy of the IEP/IFSP to Pasadena Child Care and Homework Center to assist our direct service team in providing care for your child?

What types of activities do you work on with your child?

What types of things does your child do well?

What are your child's special interests?

What are your child's dislikes?
