



2024 / 2025 School Year

# Personal History

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In order to understand your child better, we are asking for the following information which will be regarded as *confidential*.

<b>Child's Name</b>		<b>Sex</b>	
<b>Age</b>		<b>Date of Birth</b>	

<b>Address</b>		<b>Telephone</b>	
<b>City &amp; State</b>		<b>New York</b>	<b>Zip</b>
<b>Father's Name</b>			
<b>Father's Occupation</b>		<b>Telephone</b>	
<b>Mother's Name</b>			
<b>Mother's Occupation</b>		<b>Telephone</b>	

<b>Name of person and number to call in case you cannot be reached</b>			
<b>Name</b>		<b>Telephone</b>	
<b>Names of Siblings</b>		<b>Sex</b>	<b>Age</b>

<b>Pediatrician</b>		<b>Telephone</b>	
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<b>I. In what way can we help your child this year?</b>

**PERSONAL HISTORY, CONTINUED**

<b>II. What are his/her general health habits connect with:</b>			
<b>1. Rest</b>	<b>Afternoon Nap</b>		
<b>2. Elimination</b>	<b>Any problems with toilet training?</b>		
<b>III: Emotional and Physical Development</b>			
<b>1. Does your child have difficulty with separation?</b>			
<b>2. Fears?</b>			
<b>3. Does your child handle new situations well?</b>			
<b>4. What comforts your child most when troubled?</b>			
<b>5. Allergies</b>			
<b>6. List any serious accidents or operations your child has had:</b>			
<b>7. Has your child attended another preschool?</b>			
<b>School</b>		<b>How Long?</b>	
<b>8. What special holidays do you celebrate in your home?</b>			
<b>IV: Is there anything else which you would like us to know about your child that would help us to understand him/her better?</b>			
<b>Signature</b>		<b>Date</b>	