Christ Clarion COMMUNITY PRESCHOOL 2025 / 2026 School Year	**Personal History**	**Lisa Wrona, *Director*** ***christclarionps@gmail.com*** 415 Thornell Road Pittsford, NY 14534 Phone: (585) 381-5091

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

Child's Name			**Sex**	
Age		**Date of Birth**		

Address			**Telephone**	
City & State		**New York**	**Zip**	
Father's Name				
Father's Occupation			**Telephone**	
Mother's Name				
Mother's Occupation			**Telephone**	

Name of person and number to call in case you cannot be reached			
Name		**Telephone**	
Names of Siblings		**Sex**	**Age**

Pediatrician		**Telephone**	

I. In what way can we help your child this year?

PERSONAL HISTORY, CONTINUED

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