

Black Mountain Weekday School Personal Information

*You can help us plan for the support and encouragement of your child with the following information.
This information will remain confidential and we hope you will update it when needed.*

Child's name _____ Sex _____ Birth date _____

Telephone _____ Email address _____

Parent/guardian _____ Business phone _____

Occupation _____ Usual work hours _____

Parent/guardian _____ Business phone _____

Occupation _____ Usual work hours _____

Marital status of parents: Married _____ Separated _____ Divorced _____

If divorced, please describe custody and visitation agreement for the child, and tell us what words your child would use to describe this agreement _____

Step-parents _____ how long? _____

If child is adopted, age at adoption _____ Does child know she/he is adopted? _____

Brothers and sisters:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Other friends/relatives significant to your child's life: _____

Does your child have a pet? _____ Kind(s) _____

Name(s) _____

Have there been births, deaths, adoptions, or other changes in the family structure which affected your child? If so, describe briefly what happened and the effect on your child?

What opportunities does your child have to play with other children?

What are your child's favorite play activities?

What methods of discipline have you found most effective?

How do you encourage your child in positive behavior?

What fears does your child have?

How are they expressed?

What do you and your child enjoy doing together?

How much television does your child watch each day? _____

What are his/her favorite programs? _____

How would you describe your child's personality?

Does your child nap regularly? _____ How much sleep is required daily? _____ Usual bedtime _____

What communicable diseases has the child had? Indicate age and date:

Chicken pox _____ Conjunctivitis (pink eye) _____

Impetigo _____ Hepatitis _____

Scarlet fever _____ Other _____

Does your child have frequent:

Colds _____ Coughs _____ Tonsillitis _____ Ear Infections _____

Strep throat _____ High fever _____ Upset stomachs _____ Seizures _____

Has your child had serious illness, surgery, or hospital stay? If so, please describe the condition and your child's reaction:

Are bowel and bladder functions regular and under control? _____

Does your child need reminding about going to the bathroom? _____

What word does your child use for urination? _____ bowel movement _____

Has your child had a vision test? _____ Results _____

Has your child had a hearing test? _____ Results _____

Describe any special needs, handicaps, or health problems:

Does your child have any difficulty saying what he/she wants? _____

Do you have any trouble understanding his/her speech? _____

Has your child had a regular dental checkup? _____ Any dental problems? _____

Is your child taking any regular medication? _____ If so, describe _____

Does your child have allergies? _____ If so, to what substances? _____

How are these allergies manifested? (hay fever, stomach upset, etc.)

Does your child have any dietary restrictions? _____ If so, please describe _____

Is this because of allergy, family preference, medical needs, other?

Please give any additional information you consider important for us to have that will help us teach and nurture your child and help support your child's family.

Was your child's birth full term? _____ Premature? _____

Any complications or problems that might be helpful for us to know? _____

What hopes and expectations do you have for your child from our program?

Do you have any concerns about your child that we need to be aware of?

Has your child ever been evaluated or currently receiving services through any agency and/or specialist?

Does your child have any special needs that we need to be aware of?

Thank you for your time in filling out this lengthy form.