

Owasso First Assembly



Child History

This form is optional, and only needs to be completed if you feel there is information that will help us better serve the needs of your child(ren). All of this information will be shared with your child's teacher.

Family and Social History

Name of Child _____ Date of Birth _____

Address _____ Home Phone _____

Mother (or Guardian) _____

Father (or Guardian) _____

Marital Status of Parents: _____

Divorced Remarks (How long?) _____

Custody /visiting arrangements: _____

If Child is adopted: At what age? _____ Does child know? _____

Siblings (names, ages, grade in school, etc):

Other members of the household (include relationship and age):

Developmental and Health History

Has the child had group play experience? _____ Where? _____

Is the child potty trained? _____

Are there any potty issues/details we need to be aware of? _____

Does the child have any special eating habits we should be aware of? (vegetarian, refuses to use a spoon, etc.) _____

Any dietary restrictions or food allergies? _____

Does the child have any speech problems? _____

Does the child have any other special needs that we should be aware of?

Does the child have any special fears? _____

Are there any aspects of the child's personality that you feel the teachers would benefit from knowing in advance? _____

Has the child had any serious surgeries, accidents, or illnesses? _____

Does child have any known allergies? _____

What are the signs and treatment for any allergic reaction?