



Lake Travis United Methodist Church Preschool
1502 Ranch Road 620 N
Austin, TX 78734
(512) 266-2250
www.ltumc.org

2010 – 2011 STUDENT PERSONAL HISTORY

Child's Last Name: _____ First Name: _____ DOB: _____

HEALTH INFORMATION:

Has your child had any of the following:

Rubella: _____ Roseola: _____ Mumps: _____ Chicken Pox: _____

Any chronic illnesses/hospitalizations/injuries: _____

Does your child have any food allergies? _____

Any special dietary needs? _____

Any physical disabilities: _____

Any long term medications: _____

Any allergies (food/pet/medicine): _____

(If there are food allergies, please contact the preschool office for additional paperwork)

Has your child had a hearing, speech or developmental screening? If so, please share outcome: _____

Does your child have any special needs? _____

Child's Physician (If different from medical emergency contact)

Physician: _____ Phone: _____

Address: _____ City: _____ Zip: _____

GENERAL INFORMATION:

Names and ages of child's siblings (older and younger):

Name: _____ Age: _____ School Currently Attends: _____

Name: _____ Age: _____ School Currently Attends: _____

Name: _____ Age: _____ School Currently Attends: _____

Name: _____ Age: _____ School Currently Attends: _____

Has your child attended a previous preschool/child care program? Yes _____ No _____

If yes, name of school? _____ Full-Time _____ Part-Time _____

What are your child's favorite toys / activities?

What school will your child be attending for kindergarten? _____

What is your child's temperament? Friendly _____ Shy _____ Energetic _____ Aggressive _____ Withdrawn _____

How does he / she get along with other children? _____

Does your child have any fears? _____

Is there anything in particular that might anger or upset your child? _____

How does your child demonstrate anger/frustration? _____

What discipline techniques / strategies do you find to be most effective with your child? _____

Is your child still in: Diapers _____ Pull-ups _____
In the process of toilet training _____ Fully toilet trained _____

Does your child have any hand preference yet? Left _____ Right _____

What do you expect your child to gain from his/her preschool experience this year?

Any additional information we should know that will help us in working with your child?
