

**St. Francis Early Learning Academy**  
**Childhood History**

Child's Full Name:

\_\_\_\_\_ (First) (Middle) (Last)

Birthday: (month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

What name does your child like to go by: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

<u>Other Children in Family</u>	<u>Age</u>	<u>Grade Level in School</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your child attended a preschool, name of preschool \_\_\_\_\_

Does your child have any health problems or allergies the school should be aware of? (If so, what?) \_\_\_\_\_

\_\_\_\_\_  
(Please complete food allergy form and provide physician's note.)

Has there been a divorce, death, or illness in the family or unusual experience which might affect your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What organized activity or lessons does your child participate in after school?

\_\_\_\_\_

What are some of the things your child likes to do best in his/her free time?

\_\_\_\_\_

Has your child taken any trips? If so, please list?

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What responsibilities does your child have at home?

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Is your child right or left handed? \_\_\_\_\_

What would you say are your child's strengths?

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What would you say are your child's weakness?

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Is there anything else you would like to share about your child?

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What expectations do you have for your child this school year?

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_