

## PERSONAL HISTORY

Child's Name: \_\_\_\_\_

Names and ages of other children in the home: \_\_\_\_\_

Describe your child's personality: \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Are there any factors in your child's life we should be aware of? (for example: absence of parent, adoption, serious illness, new baby, etc.)? \_\_\_\_\_

What activities does your child enjoy doing the most? \_\_\_\_\_

Is English the primary language spoken in the home? YES \_\_\_ NO \_\_\_ if not, what language? \_\_\_\_\_

What is your child's dominant hand? Left \_\_\_ Right \_\_\_ Any speech difficulties? \_\_\_\_\_

Does the child attend Church? If so, where: \_\_\_\_\_

## PICK-UP AUTHORIZATION

### PERSONS AUTHORIZED TO PICK UP CHILD

Name	Relation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Under **NO CIRCUMSTANCES** will the child be released to anyone not known to the school without authorization from the parent or guardian.

**NOTE:** It is legal for either parent to pick up a child unless the school is provided with a copy of a court order restricting visitation.