

# St. Helena's Early Enrichment Program

Location: 410 N. Main Mailing address: P.O. Box 1765 Boerne, Texas 78006 Phone: 830-249-8084  
Tiffany Jureczki, Director



The following questions are asked to assist us in getting to know your child and to be able to better serve his/her needs.  
Please take a few moments to thoughtfully answer.  
Feel free to use additional paper where you may need more room. Information requested on this form is kept strictly confidential. It will only be used to give your child's teacher a better understanding of you and your child and to promote a better school-home communication.  
Thank you.

## Personal History Form

Child's name: \_\_\_\_\_ Male \_\_\_ Female

Nickname if applicable \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's home address: \_\_\_\_\_

Father's name: \_\_\_\_\_

Home #: \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's address (If different than child's) \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home #: \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's address (If different than child's) \_\_\_\_\_

If divorced, what are the custody arrangements?

\_\_\_\_\_ Sole custody to \_\_\_\_\_ Joint custody

Other pertinent custody information: \_\_\_\_\_

Was the child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Does the child know about the adoption? \_\_\_\_\_

Is this information to be kept confidential from other children and parents? \_\_\_\_\_

Please add any comments concerning the adoption that would be helpful.

\_\_\_\_\_

## Family Information

Name of church father attends: \_\_\_\_\_

Father's occupation: \_\_\_\_\_ & Place of employment \_\_\_\_\_

Father's skills, interests, hobbies: \_\_\_\_\_

Name of church mother attends: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ & Place of employment \_\_\_\_\_

Mother's skills, interests, hobbies: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (Please specify \_\_\_\_\_)

Names and ages of other children in the family:

<u>Name</u>	<u>Age</u>	<u>School attending</u> (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of other family members living in the child's home:

\_\_\_\_\_

### **Health information**

Does your child have any food allergies? If so, please specify:

Food	Reaction	Emergency/Medical Response
_____	_____	_____

Other allergies

\_\_\_\_\_

Are there any particular eating problems? \_\_\_\_\_

Does your child have any medical conditions that we should be made aware of: \_\_\_\_\_

Please specify: \_\_\_\_\_

\_\_\_\_\_

### **Sleeping Habits**

What time does your child go to bed? \_\_\_\_\_ What time does your child get up? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ How often and for how long? \_\_\_\_\_

Does your child take any special security item to bed? \_\_\_\_\_

Describe any sleeping problems (bedwetting, nightmares, etc.) \_\_\_\_\_

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### **Bathroom Habits**

Is your child potty trained? \_\_\_\_\_

Are there any specific bathroom habits that would be helpful for us to know?

How does your child react after having an accident? \_\_\_\_\_

### **Social Habits**

What are your child's favorite toys or types of play activities? \_\_\_\_\_

How often does your child play with other children? \_\_\_\_\_

Does your child prefer to play alone? \_\_\_\_\_

Does your child seek a lot of adult attention while playing? \_\_\_\_\_

Has your child previously attended a childcare or nursery school experience? \_\_\_\_\_

If so, where and at what age? \_\_\_\_\_

Is your child generally more active or quiet? \_\_\_\_\_

What situations are upsetting or frightening to your child? \_\_\_\_\_

Describe any of your child's fears: \_\_\_\_\_

When in a group setting, how does your child interact with other children?

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### **Language Development**

Please help us understand more about your child's language development.

Does your child speak in

\_\_\_ one to two word phrases occasionally?

\_\_\_ long phrases?

\_\_\_ one to two word phrases frequently?

\_\_\_ complete sentences?

**Other**

Does your child take responsibility for dressing self? \_\_\_\_\_ Washing self? \_\_\_\_\_

In what ways does your child deal with conflict, disappointment, or anxiety? (Please include behaviors such as sucking thumb, tantrums, withdrawal, etc.) \_\_\_\_\_  
\_\_\_\_\_

Does he/she recover slowly, fairly quickly, or quickly? \_\_\_\_\_

In what ways have you discovered can adults help him/her recover?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child still feel a need to use a pacifier or security item during any part of the day? (excluding rest time) \_\_\_\_\_

What item? \_\_\_\_\_

In the fall of what year will your child enter kindergarten? \_\_\_\_\_

Please describe your child or give pertinent information not included in this history form:  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations of this program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about St. Helena's Early Enrichment Program? \_\_\_\_\_  
\_\_\_\_\_

