



Njeri's Morning Glory School and Art Center

1050 Park Avenue, San Jose, CA 95126 www.njerismorningglory.com
P.O. Box 2479, Santa Clara, CA 95055 Office: (408) 564-6416 Fax: (408) 296-0143

Family History Information

Proposed Date of Entrance (MM/DD/YYYY) _____

Grade Entering _____

Child's Full Name _____

Date of Birth (MM/DD/YYYY) _____ Gender _____

Ethnicity _____ Primary Language _____ Second _____

Home Address _____

Home Phone _____

Mother's Name _____

Email _____ Cell Phone _____

Occupation/Place of Employment _____ Educational Background _____

Father's Name _____

Email _____ Cell Phone _____

Occupation/Place of Employment _____ Educational Background _____



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Child's History

Did you have a home or hospital birth? _____

How was pregnancy? _____

Were families or friends present? _____

Weight at birth _____ Was child breastfed? _____ Until what age? _____

When did child crawl? _____

At what age did your child

Walk? _____ Talk? _____ Address self as "I"? _____

Are there any letters she/he doesn't speak clearly yet? _____

At what age did your child toilet train? _____

Does your child...

Wet the bed? _____ Suck Thumb? _____ Have other habits? _____

Are other children living in the household? _____

By what names does child address parents? _____

What languages are ordinarily spoken in the home? _____

Has child attended daycare and/or preschool? Please list schools and age of child when attended. _____

Are there any new changes in the environment/household to child? _____



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Any serious illnesses, injuries or operations (give dates)? _____

Does child have any physical disabilities, severe weaknesses, or abnormal conditions that the teacher should know about? _____

Any Allergies? _____

Difficulties seeing, hearing, walking, speaking, or other? _____

Has child been under regular supervision of a physician? _____

Date of last physical exam? _____ Has child seen a dentist? _____

Parent evaluation of child's health? _____

What time does child fall asleep in the evening? _____

How does child awaken? _____

What does child eat for breakfast? _____

Do you or your child follow a special diet? _____

What food does your child like the most? _____

What food does your child like least? _____

Does your child have any strong flavor preferences or dislikes? _____

Which meal does child eat with the whole family? _____

Does child nap daily? _____



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How do you discipline your child? Please give an example. _____

How would you describe your child's temperament? _____

Do you have a bedtime ritual/routine for your child? Please describe. _____

Does child fall asleep easily? _____

Does child sleep through the night? _____

Any history of recurring dreams or nightmares? _____

How successful are you at providing a consistent rhythm in your child's life? _____

What activities does your family do together that your child enjoys? _____

Does your child swim or enjoy other physical activities? _____

Does your child have neighborhood playmates? What age? _____

Does your child watch TV or videos? _____

If your child has siblings, describe their relationship and play. _____

Does your child have pets? _____

Does your child have imaginary playmates? _____

Does your child enjoy playing alone? _____



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Goals/ Education

What do you consider to be your child's strongest aptitudes and traits? _____

What aspects of your child's character would you like to see strengthened? _____

What are your reasons for wishing to enroll your child in this school? _____

How did you hear about our School? _____

Comments: _____
