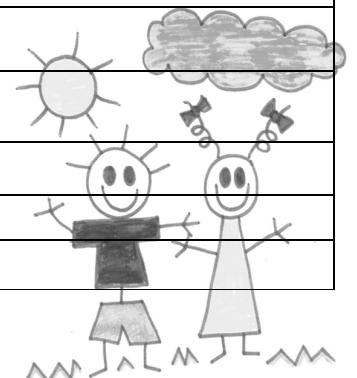




History Form

Child's Details		
Surname:		
Forenames:		
Date of Birth:		
Child's Gender	Male / Female	
Emergency Contact		
Must be different to Mother and Father If possible, please provide two emergency contacts		
Name:		
Relationship to the child:		
Telephone numbers:		
Family Doctor		
Doctors Name	Telephone Number	Physical Address
When last was your child at the doctor? Briefly specify cause		
In the event, your child is extremely ill, and we cannot get hold of you may we take your child to the local doctor? NB: Parents will be liable for all associated charges		Yes / No
Medical Aid		
Scheme Name		
Plan		
Membership No.		
Principal Member		



General Health and Medical History									
			Yes	No	If yes, please specify				
Has your child ever been to the dentist?									
Does your child take regular medication?									
Has your child's vision been screened or tested?									
Has your child's hearing been screened or tested?									
Has your child ever broken a limb?									
Does your child wear corrective shoes?									
Does your child have any specific fears?									
How do you feel your child is speaking for his/her age?									
Do you have a family history of Dyslexia, hyperactivity, minimal brain dysfunction, or barriers to learning?									
Are there any special medical, physical, or emotional needs that the school should be aware of?									
How is your child's overall health?									
Is your child potty trained?						Yes/No			
What terminology does your child use for the words "wee" and "poo"?									
Illnesses									
			Yes	No				Yes	No
Asthma					Bladder Infection				
Croup					Colds (frequent)				
Diabetes					Epilepsy				
Encephalitis					Hepatitis				
Kidney Disease					Meningitis				
Measles					Nosebleeds				
Pneumonia					Rubella (German Measles)				
Rheumatic Fever					Thrush (frequently)				
Scarlet Fever					Vomiting (frequently)				

Family History			
Child's place of birth and nationality			
	Yes	No	
Is your child adopted?			If yes, at what age?
Does your child know about the adoption?			
Names and ages of siblings:	Sibling 1:		Sibling 2:
	Sibling 3:		Sibling 4:
Child's place in the family	Youngest	Middle	Oldest
Parents marital status	Married	Divorced/Separated	One parent deceased
If divorced/separated, who does the child live with?			
What are the visiting arrangements with the other parent?			
Discipline			
		Yes	No
Does your child have temper tantrums?			
Do you believe in discipline?			
Briefly describe whether you are strict, firm, or fairly free in your attitude towards disciplining your child:			
How do you deal with temper tantrums when they arise?			
Is it easy to console your child once he/she has had a tantrum?			
General Information			
Has your child attended an early learning center before		Yes	No
What does your child do with Dad for fun?		What does your child do with Mom for fun?	
What time does your child go to bed at night:			
What time does your child wake up in the mornings:			
Does your child sleep through the night?		Yes	No

Signatures

Father/Guardian:

I, _____, ID Number _____,
hereby confirm that all the information supplied on this form is true and correct at the time of
signing this document.

Signed at _____ on this day _____ of _____, 2_____

Father/Guardian Name

Mother/Guardian:

I, _____, ID Number _____,
hereby confirm that all the information supplied on this form is true and correct at the time of
signing this document.

Signed at _____, on this day _____ of _____, 2_____

Mother/Guardian Name

Witness 1

Witness 2

Documents Required - Copy:

1. Child's immunisation certificate/Road to Health Booklet