



# Happy Hearts Montessori School – KENT

## CHILD HISTORY FORM

Child's Name (First, Middle, Last) _____	Licensee's Name
Gender: _____	
Name to be used at school: _____	

### UPDATED Health History

Does/Has your child had any of the following? Please check all that apply.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Frequent Colds          | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Heart Trouble  |
| <input type="checkbox"/> Frequent Sore Throat    | <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Scarlet Fever  |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Urinary Disease        | <input type="checkbox"/> Measles        | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Problems with Skin      | <input type="checkbox"/> Stomach Upsets         | <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Impetigo       |
| <input type="checkbox"/> Fainting Spells         | <input type="checkbox"/> Problems with Diarrhea | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps          |
| <input type="checkbox"/> Convulsions             | <input type="checkbox"/> Problems with Soiling  | <input type="checkbox"/> Poliomyelitis  | <input type="checkbox"/> Other          |

Does your child have allergies? What does an allergic reaction look like for your child? \*

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food sensitivities/intolerances? What does a reaction look like? \*

\_\_\_\_\_

\_\_\_\_\_

**We pride ourselves on celebrating cultural diversity and love to know the culture of our families. Please share your information below.**

Cultural Heritage (optional): \_\_\_\_\_

Cultures/Holidays you might be interested in sharing with our school: \_\_\_\_\_

### Help us know your child better:

Has your child had any professional assessments/evaluations? If yes, please describe. \*

\_\_\_\_\_

\_\_\_\_\_

With whom does your child live? \_\_\_\_\_

Siblings' names and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Has your child attended childcare or preschool? Tell us about it:

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What would you like us to know about your child?

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Are there any medical concerns that we should know about? (allergies, etc.)

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Are there any behavior concerns that we should know about?

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Are there any learning concerns that we should know about?

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What goals do you have for your child this school year? (academic, emotional, etc.)

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For all day students, does your child need a nap? Yes No

Please give details – normal duration, time, routine, etc.

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Describe your child in a few words: \_\_\_\_\_

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**Daily Routine:**

What time does your child get up? \_\_\_\_\_

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

Diet Pattern (What does your child usually eat for these meals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Food Dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Eating Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child get along with parents, siblings, and other children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any special problems/fears/needs? (Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*HHM may ask for additional documentation upon enrollment.***

Upon enrollment/ re-enrollment, you will be asked to complete/update a Certificate of Immunization Status form from the State of Washington. This is pursuant to Washington State Administrative Code 180-38-060 which requires that you provide immunization records annually at HHM. If you choose not to have your child immunized, then you must complete and sign an exemption. If you choose to have an exemption in place of having your child immunized, then you need to be aware that in the event of an outbreak of contagious disease or pandemic, your child may be excluded from educational services at HHM without refund/credit of tuition. This section is subject to change pursuant to State and Department of Health guidelines during the COVID-19 Pandemic.