



THE VILLAGE ACADEMY
145 Lewis Point Road
St. Augustine, FL 32086
Office: 904.797.5909
Fax: 904.797.2804

CHILD HISTORY

This information is provided for your child's teachers.

Child's Name: _____
Last First Middle Nickname

Birth Date: _____ Sex: _____ Enrollment Date: _____

Mother's Name: _____ Brothers Names: _____

Father's Name: _____ Sisters Names: _____

Paternal Grandparents: _____ Maternal Grandparents: _____

Please answer the following questions:

1. Has your child been in a preschool environment before? At what age? Name of preschool?
2. What is your child's attitude towards eating?
3. Are there any foods or medicines to which your child is allergic? Any other allergies? Explain.
4. Does your child have any health or developmental concerns of which we should be aware? Explain.
5. Does your child take any prescription medicine on a regular basis? If so, what?
6. Does your child wet at nap and/or during the day?

Please circle one of the following:

I (do / do not) give permission for my child to go on field trips.

I (do / do not) give permission for my child to be photographed, and for those pictures to be used by The Village Academy North without names.

Signature of Parent or Legal Guardian: _____

Date: _____