

Royal Redeemer Christian Preschool

7127 Dutchland Parkway

Liberty Twp, OH 45044

(513) 779-0724

Student History Form

Child's name: _____ Birthdate: _____

Mother's name: _____ Occupation: _____

Father's name: _____ Occupation: _____

Siblings and their ages: _____

—

Does your child have any allergies? (Yes/No) _____ If yes, please describe:

—

We do not dispense any medication or vitamins. However, list any medications, food supplements, modified diets, or fluoride supplements currently being administered at home. _____

—

Please list any special precautions or treatments that we should be aware of:

—

—

Are there any chronic physical problems or a history of hospitalization that we should be aware of? (Yes/No) _____ If yes, please explain:

List any diseases your child has had: _____

Describe any particular fears that your child may have: _____
