



**ROYAL REDEEMER**  
Christian Preschool

## 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:

\_\_\_\_\_

\_\_\_\_\_

Describe any particular fears that your child may have: \_\_\_\_\_

\_\_\_\_\_