

Royal Redeemer Christian Preschool & Kindergarten

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:**

Describe any particular fears that your child may have: _____
