

Developmental History of Child

Child's Name: _____ DOB _____

(All information will be kept confidential and used only by staff and teachers to properly care for, relate to and understand your child)

Child's favorite activities or interests: _____

Child's favorite foods: _____

Child's favorite toys: _____

Has your child had experience with a day care or preschool in the past? Yes ___ No ___ Describe: _____

If over the age of two: Is your child toilet trained? Yes ___ No ___ If so, can they use the toilet unassisted? Yes ___ No ___

Comments: _____

Does your child show a preference for the right or left hand? Right ___ Left ___ Not yet ___

Does your child nap? Yes ___ No ___ If so, When? _____ How Long _____

What methods of behavior control are used at home? _____

Does your child have any special developmental needs? _____

Siblings (names and ages): _____

Other household members (grandparents, nannies, etc): _____

Family pets (Names and types of animals): _____

Parents: Married ___ Divorced ___ Separated ___ Single ___? Who does child live with? _____

Main language spoken at home? _____ Any other languages? _____

Does your child have a special stuffed animal or blanket? Yes ___ No ___ If so, please describe: _____

Favorite book or cartoon character: _____

How would you describe you child's personality? _____

Family experiences that have influenced your family and child, such as a recent move or death: _____

Anything else you think we should know? : _____

Parent's Signature _____ Date _____