

Preschool for Creative Beginnings

Developmental History and Background Information:

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

Child's Name: _____ Date of Birth: _____

DEVELOPMENTAL HISTORY:

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Any speech difficulties? _____ Language spoken at home _____

HEALTH:

Any known complications at birth?

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

TOILETING HABITS:

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

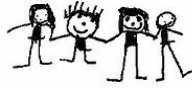
SOCIAL RELATIONSHIPS:

How would you describe your child? _____

Previous experience with other children/day care: _____

Able to play alone? _____

Favorite toys and activities: _____



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How do you comfort your child? _____

What is the method of behavior management at home? _____

What would you like your child to gain from this experience? _____

Is there anything else you would like us to know about your child? _____

Signature: _____

Date: _____