

**Developmental History & Background Information for
NEW Preschool Students**

Regulations for licensed childcare facilities require this information to be on file to address the needs of children while in care. ***Please attach a recent photograph of your child to this form.**

Child's Name _____ **Date of Birth** _____

Developmental History

Age began sitting: _____ crawling _____ walking _____ talking _____
Any speech difficulties: _____
Special words to describe needs: _____

Health

Any know complication at birth: _____
Serious illnesses and/or hospitalizations: _____
Special physical conditions, disabilities: _____
Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

Eating Habits

Specific Kashrut preferences: _____
Special characteristics or difficulties: _____
Favorite foods: _____ child eats with hands ___ spoon ___ fork ___
Foods refused: _____
Food allergies: _____

Toilet Habits

How does child indicate bathroom needs (include special words)? _____
Is child ever reluctant to use the bathroom? _____
Does child have accidents? _____

Sleeping Habits

Does child become tired or nap during the day (include when and how long)? _____

When does child go to bed at night? _____ Get up in the morning? _____
Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc): _____

Social Relationships

How would you describe your child's personality? _____

Previous experience with other children/day care: _____
Reaction to strangers: _____ Able to play alone: _____
Sibling _____ Adults _____ Older children _____ Peers _____
Full Day Program/Pre-School

Favorite toys and activities: _____
Fears (the dark, animals, etc): _____
How do you comfort child: _____
What is the method of behavior management/discipline at home? _____

Describe your child's schedule on a typical day: _____

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

Describe any stressful family situation that may be affecting your child: (parental separation, divorce, remarriage, frequent moving, serious illness, death of close friend or relative, etc.) _____

Was your child serviced by the Early Intervention team? _____ If yes, what were the dates? Describe the reason for services. _____

Does your child have an "education plan" (IEP)? If yes, a copy needs to be kept on file at our school. _____

Parent's/Guardian Signature _____

Date _____