

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed childcare 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? _____

Special words to describe needs: _____

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: _____

EATING HABITS

Please list any food restrictions due to medical, religious, cultural, or lifestyle reasons: _____

Favorite foods: _____

Foods refused: _____

TOILET HABITS

Has toilet training been attempted? _____

Please describe any particular procedure to be used for your child while at school: _____

What is used at home? pottychair? _____ child seat? _____ regular seat? _____

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

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

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

When does your child go to bed at night? _____ and get up in the morning? _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Who lives in your house (pets included): _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc): _____

How do you comfort your child: _____

What are your child's likes and dislikes and/or their favorite activities? _____

What is the method of behavior management/discipline at home: _____

Do you have any special traditions you would like FCS to know about or share with FCS? _____

How do you feel your child learns best? _____

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

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)