

Nature Center Preschool at the South Shore Natural Science Center
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?

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

Special characteristics or difficulties:

Favorite foods:

Foods refused:

TOILET HABITS

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? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc)

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SOCIAL RELATIONSHIPS

How would you describe your child?

Previous experience with other children/childcare/preschool: _____

Reaction to strangers: _____

Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home?

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

DAILY SCHEDULE

Please describe your child's schedule on a typical day.

Is there anything else we should know about your child?

(Parent/Guardian Signature)

(Date)