



Child's Development History

Child's Name	Date of Birth
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Social Relationships and Development

- Has your child had previous group experience? _____ Where? _____
- Does your child have neighborhood playmates? _____ What age? _____
- Does your child know any other children in this center or preschool? _____

- Do you feel your child will adjust easily to the child care or preschool? _____
If no why? _____ Please advise on how we can help. _____
- Does your child have any fears? _____
- What makes your child frustrated or upset? _____
- How does your child show his/her feelings? _____
- Characteristic behavior: (please circle the word or words)

happy	excitable	easily angered	whinny	cries	
active	cheerful	stubborn	fights often	cooperative	quiet
independent	gives in easily	calm	wants own way	temper tantrums	

 Others _____
- Can your child dress her/himself? _____
- What age did your child begin talking? _____
- Does your child have any speech problems? _____
- How often is your child read to? _____
- What is your child's favorite TV program? _____
- How many hours per day does your child watch TV? _____
- What is your child's favorite toy? _____
- Does your child have a pet? _____
- How well does your child get along with siblings? _____
- Please list names and ages of siblings:

	<u>Name</u>	<u>Age</u>
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Eating

1. What is your child's general attitude toward eating? _____
2. What are your child's favorite foods? _____
3. Does your child feed him/herself? _____
4. Is your child allergic to any foods? _____

Sleeping

1. What time does your child go to bed at night? _____
2. What time does he/she wake up in the morning? _____
3. Does your child have his/her own room? _____
4. Does your child sleep with a favorite blanket or stuffed animal, etc.? _____
5. Does your child take naps? _____
6. Does your child have a bottle or pacifier at night or nap? _____

Bathroom Habits

1. Will your child indicate her/his bathroom wishes? _____
2. Does your child have any bowel or bladder irregularities? _____
3. What word is used for urination? _____ Bowel movement? _____
4. Does your child have accidents? _____
5. Does your child wet the bed at night? _____ How often? _____
6. Does your child wear diapers at nap or night? _____

Is there any additional information that would be helpful for us in getting acquainted with your child?

Does either parent have any special request? _____

St. Croix Day Care and Preschool are run by a volunteer Board of Directors, would you like to be involved? Please indicate YES _____ NO _____

Where did you hear about St. Croix Day Care and Preschool? _____