

NOAH'S ARK PRESCHOOL

1154 Great Plain Avenue Needham, MA 02492 781/449-2439

Developmental History and Background Information

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

Name of Child: _____ Date of Birth: _____

Developmental History

Age began sitting up: _____ Crawling: _____ Walking: _____ Talking: _____

Any speech difficulties? _____

Special needs? _____

Language(s) spoken at home: _____

Does child use a pacifier or suck thumb? _____ When? _____ History of colic? _____

Does child have a fussy time? _____ When? _____

How do you handle this time? _____

Health History

Any known complications at birth? _____

Serious illness and/ or hospitalizations? _____

Special physical conditions: _____

Allergies (i.e. Asthma, Hay Fever, Insect Bites, Food Reactions: _____

Regular Medications: _____

Eating Habits

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Toilet Habits

Are bowel movements regular? _____ How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

Please describe any particular procedure to be used for your child at the center: _____

What is used at home? Potty chair _____ Special child seat _____ Regular _____

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

Is child ever reluctant to use the bathroom? _____

Does child have accidents? _____

Sleeping Habits

Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day? _____

When? _____ How long? _____

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

Describe any special characteristics or needs (stuffed animals, story, mood on waking, etc.):

Social Relationships

How would you describe your child: _____

Previous experience with other children/school/child care: _____

Reaction to strangers: _____

Able to play alone: _____

Favorite toys and activities: _____

Fears (darkness, animals, etc): _____

How do you comfort your child? _____

What is the method of behavior management at home? _____

What would you like your child to gain from his/her school experience? _____

Daily Schedule

Please describe your child's schedule on a typical day: _____

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

Signature of Parent or Guardian: _____ Date: _____
