

Early Learning Center
Messiah College
Box 3021
One College Avenue
Grantham, PA 17027
(717) 796-5043

The following questions are asked to assist us in getting to know your child and to be able to better serve his/her needs. Please take a few moments to thoughtfully answer. Since this form is for all children regardless of age, some of the questions may not pertain to your child. Please put N/A where appropriate rather than leaving a blank. Please feel free to use additional paper for questions where you may need more room. Thank you.

Developmental History Form

Child's name: _____ Nickname if applicable: _____

Date of Birth: _____ Was the child adopted? _____ If yes, at what age? _____

Does the child know about the adoption? _____ Is this information to be kept confidential from other children and parents? _____ Please add any comments concerning the adoption that would be helpful.

Child's home address: _____

Father's name: _____ Home #: _____ Cell #: _____

Father's address: (If different than child's) _____

Mother's name: _____ Home #: _____ Cell #: _____

Mother's address: (If different than child's) _____

Email addresses for home/school communication: _____

Write N/A (non-applicable) if your child is too young for any the following questions.

FAMILY INFORMATION

Father's occupation, skills, interest, hobbies, etc.: _____

Mother's occupation, skills, interest, hobbies, etc.: _____

Is a language other than English spoken at home? _____

Names and ages of other children in the family: _____

Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? _____

Would you and/or your family like to be a resource for any cultural awareness activities? _____

PHYSICAL HEALTH

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Other than what you listed above-

Does your child have any allergies? If so, to what? _____

How severe? _____

Does your child take any medicine regularly? If so, what? _____

Has your child ever been hospitalized? If so, when and why? _____

Does your child have any recurring chronic illness or health problem (such as asthma or frequent earaches)?

Has a disability been diagnosed (such as cerebral palsy, seizure disorder, developmental delay)? _____

Do you have any other concerns about your child's health? _____

DEVELOPMENTAL (compared to other children this age)

Does your child have any problems with talking or making sounds? Please explain. _____

Does your child have any problems with walking, running, or moving? Please explain. _____

Does your child have any problems seeing? Please explain. _____

Does your child have any problems hearing? Please explain. _____

Does your child have any problems using her or his hands (such as with puzzles, drawing, small building pieces)? Please explain. _____

Does your child have any problems with mood or behavior? Please explain. _____

Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)?
_____ If so, we would like a copy of the plan so we can provide the best possible learning experience for your child. What program or individuals work with your children in regards to these special needs?

Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child? _____

DAILY LIVING

What is your child's typical eating pattern? _____

If your child is an infant, is he/she nursing, formula feeding or both? (Circle one.)

What foods does your child like? _____
dislike? _____

How well does your child use table utensils (cup, fork, spoon)? _____

Are there any particular eating concerns? _____

How does your child indicate bathroom needs? _____

Word(s) for *urination*: _____ Word(s) for *bowel movement*: _____

What are your child's regular bladder and bowel patterns? _____

Do you want us to follow a particular plan for toileting? _____

For *toddlers*, please describe use of diapers or toileting equipment (such as potty, toilet seat adapter). _____

What are your child's regular sleeping patterns? _____

Awakes at _____ Naps at _____ Goes to bed at _____

Does your child take any special security item to bed? If so, what? _____

Does your child use a pacifier? How often and during what times? _____

What help does your child need to get dressed? _____

SOCIAL RELATIONSHIPS/PLAY

Has your child previously attended a childcare or preschool experience? If so, where and at what age? _____

What ages are your child's most frequent playmates? _____

How often does your child play with other children? _____

Is your child (circle all that apply) friendly? aggressive? shy? withdrawn? _____

Does your child need extra time/preparation to change from one activity to another? _____

Does your child play well alone? _____ What is your child's favorite toy or types of play activities?

Is your child frightened by (circle all that apply) animals? rough children? loud noises? new experiences? the dark? storms? anything else? _____

Who does most of the disciplining? _____ What works best when you discipline your child? _____

With which adults does your child have frequent contact? _____

How do you comfort your child? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____

Parent Signature _____ Date _____

Teacher Signature _____ Date _____

Directory Information

I hereby give permission for my personal information (child and parent names, child's date of birth, home phone number, and address) to be included in the Early Learning Center Program Directory. The Program Directory is published annually to assist families in building relationships with one another (i.e. car pooling, birthday parties, play dates, etc.)

Parent Signature _____

Picture Taking

I hereby give permission for _____ to participate in pictures that may be taken for the Early Learning Center. I understand that these pictures will not be sold or used for promotional purpose unless I give special permission.

Parent Signature _____

Field Trip Permission

I hereby give my preschool age child permission to participate in Early Learning Center field trips. I understand that additional information will be provided and fur

Parent Signature _____