



Pre-Kindergarten Developmental History & Get Acquainted Info

The information provided on this form is for the confidential use of the teachers and school staff who will be working with your child.

Child's Name:

Today's Date:

Child's Birth Date:

Name Called:

Child's Gender:

Phone Number:

Child Lives With: Mother Father Both Parents Other: _____

I hereby authorize my child to leave Fair Haven Day School with the following persons ONLY. Please include parents on this list. Your child will not be dismissed to any person not listed, unless you notify us prior to the day's dismissal.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Health

Is your child well most of the time?

Yes No

Is your child currently taking and medications?

Yes No

If yes, please specify _____

In a year, has your child had 3 or more ear infections?

Yes No

In the past year, has your child had 3 or more colds?

Yes No

Has your child been seen by a medical specialist?

Yes No

If yes, please specify _____

Does your child have any illnesses or disabilities?

Yes No

If yes, please specify _____

Does your child have any contagious illnesses that could impact other children or staff (malaria, TB, Hepatitis A, Hepatitis B, HIV etc)? Yes No

If yes, please specify _____

Has your child been hospitalized? Yes No

If yes, please specify _____

Has your child had any of the following? Please check all that are applicable.

Premature Birth

Breathing/respiratory problems at birth

Birth injury or defect

Head injury

Convulsions/seizures

Allergies (eczema, hives, drugs, food, hay fever, asthma, insect stings)

Please describe any of the above items if applicable: _____

Does your child show right or left-hand dominance? No Right Left

Developmental History

What are your child's favorite activities?

What language is spoken at home?

Has your child had group play experience? Yes No

If yes, please specify _____

Does your child enjoy playing alone? Yes No

Is your child read to often? Yes No

Does your child enjoy books? Yes No

Does your child attend church school? Yes No

If yes, where _____

Any activities outside the home? _____

How often does your child watch television? _____

What shows/videos do they watch? _____

Are crayons and scissors available at home for your child? Yes No

How often does your child cut? _____

Draw/write? _____

Does your child have any special fears? Yes No

If yes, please specify _____

Family Information

Marital status of parents Married Separated Divorced Other

If parents are divorced/separated, please describe custody and visitation agreement for the child:

Others in your house:

Please give name, ages, and relationship

Please list any other significant person's in your child life (step families, grandparents, babysitters etc.) Include names and relationship to the child.

With whom does the child stay when parents are away? _____

Does your family have any pets in the home? Yes No

If yes, please give name and type _____

What time does your child normally go to bed at night? _____

What form of behavior control is used in your home?

What is your child's usual reaction to the behavior control?

What makes your child angry or mad?

Academic Skills

Which of the following skills has your child acquired?

Recognizes their name

Counts to.... How far?

Names and matches colors?

Names and matches shapes?

Recognizes numbers 1-12

Recognizes capital letters

Recognizes lower case letters

Can tie shoes

Has experience with glue, scissors, crayons

Print Name

Knows left from right

Can button own clothing

How often do you read to your child?

Please provide any additional information you think might be important for us to have.

Parent/Guardian Signature _____

Date _____