



## Threes

### 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 completely potty trained?

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Developmental History**

How do you comfort your child?

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

Does your child read often?  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? \_\_\_\_\_

To the best of your knowledge, does your child have any special fears?

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? \_\_\_\_\_

Does your child suck their thumb?

Yes

No

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?

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

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_