



Toddler

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: _____

Is your baby breast-fed? Yes No

Is your baby bottle fed? Yes No

Does your baby have any feeding problems? Yes No

If yes, please specify _____

Does your baby often have diaper rash? Yes No

How does your child sleep? Stomach Side Back

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 _____