

**Bright Horizons**  
**PRESCHOOL/KINDERGARTEN/SCHOOL-AGE DEVELOPMENTAL HISTORY**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Child's Last Physical (required in WA state only): \_\_\_\_\_

What would you like us to call your child? \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Age child began sitting: \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**

With whom does the child reside? \_\_\_\_\_

\_\_\_\_\_

Who else lives in the home (siblings, extended family members, pets)?

\_\_\_\_\_

What does child call family members? \_\_\_\_\_

\_\_\_\_\_

Language spoken at home: \_\_\_\_\_

\_\_\_\_\_

Are books read in languages other than English? ☐ Yes ☐ No If yes, what language(s)?

\_\_\_\_\_

Are there words in your home language that we should know?

\_\_\_\_\_

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful.

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**HEALTH/DEVELOPMENT**

Serious illnesses or hospitalizations (describe):

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Describe any physical/chronic conditions, disabilities, including medically diagnosed allergies, if applicable.

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List any regular medications your child takes and reason for medication:

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Is your child presently or ever been diagnosed with a special need? ☐ Yes ☐ No If yes, is he/she receiving any special services? Explain.

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**EATING HABITS**

Does your child have any special dietary concerns, restrictions or medically diagnosed food allergies?

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Does your child have any eating difficulties?

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Favorite foods: \_\_\_\_\_

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Foods refused: \_\_\_\_\_

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Child eats with: ☐ spoon ☐ fork ☐ hands ☐ other

**TOILETING HABITS, IF APPLICABLE**

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

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Is your child reluctant to use the bathroom? ☐ Yes ☐ No If yes, how do you handle this?

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Does your child have accidents? ☐ Yes ☐ No If yes, how often and when?

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### **SLEEPING HABITS**

Does your child become tired or nap during the day? If so, what time and for how long?

Time: \_\_\_\_\_ Length or rest or nap: \_\_\_\_\_

What time does your child go to bed at night: \_\_\_\_\_ awake in morning: \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking):

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Does your child have any sleep/wake time routines? If yes, please describe?

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### **SOCIAL RELATIONSHIPS**

How would you describe your child?

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Describe any previous experience your child has had with other children:

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Has there been any previous child care experience? ☐ Yes ☐ No If so, did it meet your needs and expectations?

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Describe your child's reaction to strangers:

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Does your child prefer to play alone or in groups?

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Does your child have any favorite toys and activities? If so, please describe:

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Does your child have any fears (e.g., the dark, animals)? If so, please describe:

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How do you comfort your child?

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How do you discipline your child?

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**DAILY SCHEDULE**

Describe your child's schedule on a typical day.

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What would you like your child to gain from the child care experience?

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Anything else you would like us to know about your child?

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(Parent/Guardian's Signature)

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(Date)