

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.

HEALTH/DEVELOPMENT

Serious illnesses or hospitalizations (describe):

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

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

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

EATING HABITS

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

Does your child have any eating difficulties?

Favorite foods: _____

Foods refused: _____

Child eats with: spoon fork hands other

TOILETING HABITS, IF APPLICABLE

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

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

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

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):

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

SOCIAL RELATIONSHIPS

How would you describe your child?

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

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

Describe your child's reaction to strangers:

Does your child prefer to play alone or in groups?

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

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

How do you comfort your child?

How do you discipline your child?

DAILY SCHEDULE

Describe your child's schedule on a typical day.

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

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

(Parent/Guardian's Signature)

(Date)