

ROGERS-PIERCE CHILDREN'S CENTER

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

* Questions preceded by an asterisk are only required for children enrolling in a Toddler room.

CHILD'S NAME _____

DATE OF _____

DEVELOPMENTAL HISTORY

Age began sit _____ Crawling _____ Walking _____
*Does child pull up? _____ *Crawl _____ *Walk with support? _____
Any speech difficulties? _____
Special words to describe needs _____
Language spoken at home _____
*Does child use pacifier or suck thumb? _____ When? _____
*Does child have a fussy time? _____ When? _____
*How do you handle this time? _____

HEALTH

Any known complication at birth? _____
Serious illnesses and/or hospitalizations? _____
Special physical conditions, disabilities? _____
Allergies e.g. Asthma, hay fever, insect bites, medicine, food reactions? _____
Regular medications? _____

EATING HABITS

Special characteristics or difficulties _____
* If infant is on a special formula, describe its preparation in detail: _____
Favorite foods _____
Foods refused _____
* Is child fed held on lap? _____ High chair? _____
* Does child eat with spoon? _____ Fork? _____

TOILET HABITS

* Are disposable or cloth diapers used? _____
* Is there frequent occurrence of diaper rash? _____
* Do you use _____ Powder? _____ Lotion? _____
* Are bowel movements regular? _____ How many? _____
* Is there a problem with diarrhea? _____ Constipation? _____
* Has toilet training been attempted? _____
* Please describe any particular procedure to be used for your child at the center _____

What is used at home? Potty chair? _____ Special Child Seat? _____
How does child indicate bathroom needs (include special words)? _____
Is child ever reluctant to use the bathroom? _____
Does child have accidents? _____

(cont'd) DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

SLEEPING HABITS

* Does your child sleep in a crib? _____ Bed? _____
Does child become tired or nap during the day (include when and how long)? _____
When does child go to bed at night? _____ and get up in _____
Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc):

SOCIAL RELATIONSHIPS

How would you describe your child: _____
Previous experience with other children/day care _____
Reaction to strangers _____ Able to play alone? _____
Favorite toys and activities _____
Fears (the dark, animals, etc.) _____
How do you comfort child? _____
What is the method of behavior management/discipline at home? _____
What would you like your child to gain from this child care experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. *For toddlers, please include awakening, eating, time out of crib/bed, napping, toilet habits
Is there anything else we should know about your child?

Parent / Guardian Signature

Date