Harborlight Nursery School

**Developmental History and Background Information**

\*Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name:** | | | | **Date of Birth:** | | | | |
| Developmental History | | | |  | | | | |
| Age began: | Sitting | | Crawling | | Walking | | | Talking |
| Any speech difficulties: | | | | | | | | |
| Special words to describe needs: | | | | | | | | |
| Health | | | |  | | | | |
| Any know complications at birth: | | | | | | | | |
| Serious illnesses and/or hospitalizations: | | | | | | | | |
| Special physical conditions/disabilities: | | | | | | | | |
| **Allergies: examples: asthma, hay fever, insect bites, medicine, food reactions.** | | | | | | | | |
| Regular medications: | | | | | | | | |
| Eating Habits | | | | | | | | |
| Special characteristics or difficulties: | | | | | | | | |
| Favorite foods: | | | | | | | | |
| Child eats with: | | Hands | | Spoon | | | Fork | |
| Foods refused: | | | | | | | | |
| Toilet Habits | | | | | | | | |
| How does your child indicate bathroom needs (include special words): | | | | | | | | |
| Is your child ever reluctant to use the bathroom: | | | | | | | | |
| Does your child have accidents: | | | | | | | | |
| Sleeping Habits | | | | | | | | |
| Does your child become tired or nap during the day (please include when and for how long): | | | | | | | | |
| When does your child go to bed at night? | | | | Get up in the morning? | | | | |
| Describe any special characteristics or needs (stuffed animals, stories, mood on waking, etc.): | | | | | | | | |
| Social Relationships | | | | | | | | |
| How would you describe your child? | | | | | | | | |
| Previous experience with other children/day care: | | | | | | | | |
| Reactions to strangers: | | | | | | | | |
| Is your child able to play alone: | | | | | | | | |
| Favorite toys and activities: | | | | | | | | |
| Fears (dark, animals, etc.): | | | | | | | | |
| How do you comfort your child: | | | | | | | | |
| What method do you use for behavior management/discipline at home: | | | | | | | | |
| Describe your family group (siblings, pets, etc.) | | | | | | | | |
| Describe your child’s daily schedule on a typical day: | | | | | | | | |
| What would you like your child to gain from his/her school experience: | | | | | | | | |
| Is there anything else you would like us to know about your child: | | | | | | | | |
| Parent/Guardian Signature: | | | | | | Date: | | |

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