

Developmental History
Preschool

Name _____
Address _____
Date of Birth _____
Email Address _____
City, State, Zip _____
Gender _____

Parent Information

Mother's Name _____
Address (if different) _____
Cell Number _____
Employer _____
Occupation _____
Work Number _____

Father's Name _____
Address (if different) _____
Cell Number _____
Employer _____
Occupation _____
Work Number _____

Parents Marital Status ____Married ____Divorced ____Single
If Divorced Who Has Custody: _____
May non -custodial parent pick up? _____

Has your child been enrolled in preschool/or extended care program before?

Language(s) spoken in the home _____

Does your child have a favorite security item? _____

Has your child participated in any peer group experience?

How does your child relate to other children? _____

Does your child prefer to play alone? _____ with other children? _____

When your child has difficulty what kind of discipline do you most often use?

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? _____

How are these concerns dealt with/ _____

Have you moved frequently? _____

Are you aware of any fears, anxieties or habits?

Are there any factors such as: long illness, loss of parent, divorce or any major events that may help us understand your child?

What is your church affiliation? _____

Has your child been baptized/ or christened? _____

Does your child attend church/ Sunday school? _____

If so where? _____

Parent Signature _____ Date _____