

# BRIGHT HORIZONS FAMILY SOLUTIONS

## PRESCHOOL/KINDERGARTEN DEVELOPMENTAL HISTORY

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

### DEVELOPMENTAL HISTORY

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

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

Special words to describe needs: \_\_\_\_\_

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

### HEALTH

Serious illnesses or hospitalizations? (Describe): \_\_\_\_\_

Special physical conditions, disabilities, or allergies? (Describe): \_\_\_\_\_

Regular medications? \_\_\_\_\_

### EATING HABITS

Special characteristics or difficulties? \_\_\_\_\_

Favorite foods: \_\_\_\_\_ Foods refused: \_\_\_\_\_

Child eats with:  spoon  fork  hands  other

### TOILET HABITS

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

Is child reluctant to use the bathroom? \_\_\_\_\_

Does child have accidents? \_\_\_\_\_

### SLEEPING HABITS

Does child become tired or nap during the day (include when and how long)? \_\_\_\_\_

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

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

**SOCIAL RELATIONSHIPS**

How would you describe your child? \_\_\_\_\_

Previous experience with children: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_ Able to play alone: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (e.g., the dark, animals): \_\_\_\_\_

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)