

THE CAROUSEL SCHOOL, INC.

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.

CHILD'S NAME _____ DATE OF BIRTH _____

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Special words to describe needs: _____

Language spoken at home: _____

HEALTH

Any known complication at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies, i.e., 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 child indicate bathroom needs (include special words): _____

Is child ever reluctant to use bathroom? _____

Does child have accidents? _____

What is used at home: potty chair _____ special child seat _____ regular seat _____

SLEEPING HABITS

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 the morning: _____

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: _____

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 experience? _____

Is there anything else you would like us to know about your child? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day: _____

Parent Signature _____ Date _____