



Developmental History
Preschool

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

Parent/Guardian Information

First & Last Name _____
Address (if different) _____
Cell Number _____
Employer _____
Occupation _____
Work Number _____

First & Last 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 _____