

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 picks 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 \_\_\_\_\_