

Developmental Health History (2012-2013)

Child's Name: _____ Birthdate: _____

Safety Contact Information: If an emergency happens at ALG and parent(s)/guardian(s) are not reachable, please list contact information for a local emergency contact below:

Parent/Guardian (1) preferred phone number: _____

Parent/Guardian (2) preferred phone number: _____

Emergency Contact Name: _____

Relationship to Child: _____

Phone Number: _____

Email: _____

Nanny/Au Pair/Babysitter Name: _____

Phone Number: _____

Developmental History:

1. At what age did your child first talk? Does he/she have any challenges with talking or making sounds? If yes, please explain:

2. At what age did your child first walk? Does he/she have any challenges walking, running or moving? If yes, please explain:

3. Compared to other children his/her age, does your child have any visual/sight challenges? If yes, please explain:

4. Compared to other children his/her age, does your child have any hearing challenges/ If yes, please explain:

AMAZING LIFE GAMES

A PLAY-BASED COOPERATIVE PRE-SCHOOL IN WASHINGTON, DC

5. Compared to other children his/her age, does your child have any difficulty using his/her hands for small movements (such as puzzles, drawing, building with legos)?

Physical Health: Please describe the overall physical health of your child.

1. Are there any significant illnesses or surgeries we should know about?

2. Are there any food or environmental allergies we should know about? If yes, what is his/her course of treatment (epi-pen, shots, seasonal OTC drugs, etc)?

3. Is your child on any regular medicine? If yes, what and how frequently?

4. Does your child have any recurring chronic health illnesses or problems (such as asthma or frequent ear infections)? If yes, please describe.

5. Does your child have any special needs or diagnosed disabilities we should know about to make accommodations? If yes, please describe.

6. Are there any other things you would like us to know about your child's health?

Daily Living:

1. What is your child's typical eating pattern?

AMAZING LIFE GAMES

A PLAY-BASED COOPERATIVE PRE-SCHOOL IN WASHINGTON, DC

2. Is your child potty trained? If yes, what age did they get trained? If no, where is your child in the toilet training process?

What word does your child use to express a need to urinate? _____
To have a bowel movement? _____

3. What are your child's sleeping patterns?

Awakes at: _____ Naps from: _____ to: _____

Goes to sleep at: _____

How many nights per week does your child sleep through the night? _____

4. Does your child dress her/himself? Please note if they are able to zip, button, tie, etc.

Social Relations/Play:

1. What is your child's favorite toy/game/activity?

2. What are your child's favorite places to visit (museums, parks, etc)?

3. Does your child tend to play more often alone or with peers or siblings?

4. What ages are your child's most frequent playmates?

5. Are there areas of play where your child might need extra support (e.g. fear of animals, loud noises, the dark, storms, rambunctious children, etc)?

6. What is the best way to help your child manage his or her own behavior?

AMAZING LIFE GAMES

A PLAY-BASED COOPERATIVE PRE-SCHOOL IN WASHINGTON, DC

7. How is your child best comforted when you are not around (e.g. a lovey, rubbing back, a hug, a song, etc)?

8. How much “screen time” does your child engage in weekly? (tv, computer, videos, games, etc)?

Family Life:

1. Parent/Guardian (1) Occupation/Place of employment: _____
Parent/Guardian (2) Occupation/Place of employment: _____

2. Parent hobbies, interests that might enrich our program: _____

3. Are there any cultural traditions or practices that your family observes that you would like to share with the ALG community (e.g. food, songs, stories, dances, etc)?

4. Who lives with your child in your home (please include the ages of any siblings)?

5. Are there any relatives your child visits with regularly? Whom and how often?
How does your child address this relative(s)?

6. Do parent(s)/guardian(s) travel on a regular basis? If so, please list a typical travel schedule for the upcoming year:

7. Please describe any significant events happening during your family’s life in the next year (e.g. birth of a child, move, change in job, change in childcare, etc).

Parent Signature: _____

Date: _____