

# LITTLE LAMB NURSERY SCHOOL

EPLER'S UNITED CHURCH OF CHRIST  
1151 WEST LEESPORT ROAD, LEESPORT, PA 19533  
610-926-1006 or 610-926-1135

[eplers@epix.net](mailto:eplers@epix.net)

Facebook: llns eplers

## Getting To Know Your Child

### Developmental History:

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

(Fill in the following with age at onset)

Toilet trained: Day \_\_\_\_\_ Night \_\_\_\_\_

Handedness: Right \_\_\_\_\_ Left \_\_\_\_\_

Talked \_\_\_\_\_

Walked \_\_\_\_\_

---

### Personal Adjustments: (Check any that are of concern to you)

- |  |  |
|--|--|
| <input type="checkbox"/> Shy                     | <input type="checkbox"/> Holds breath                                |
| <input type="checkbox"/> Difficult to discipline | <input type="checkbox"/> Does not hear well                          |
| <input type="checkbox"/> Aggressive              | <input type="checkbox"/> Talks to self                               |
| <input type="checkbox"/> Fearful                 | <input type="checkbox"/> Temper tantrums                             |
| <input type="checkbox"/> Lethargic               | <input type="checkbox"/> Sleep habits                                |
| <input type="checkbox"/> Lack of affection       | <input type="checkbox"/> Bites nails                                 |
| <input type="checkbox"/> Hitting                 | <input type="checkbox"/> Jealous                                     |
| <input type="checkbox"/> Biting                  | <input type="checkbox"/> Restless                                    |
| <input type="checkbox"/> Does not see well       | <input type="checkbox"/> Does not understand speech                  |
| <input type="checkbox"/> Sucks thumb             | <input type="checkbox"/> Physical disabilities, If so please explain |

If you have checked a box please explain

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Is your child currently receiving any service for physical therapy, occupational therapy or speech therapy?

---

---

---

---

Who cares for your child when you are not at home? \_\_\_\_\_  
How frequently? \_\_\_\_\_

Has your child participated in an organized activity or group experience outside the home? Please list activities

---

---

---

---

What is a typical day for you child? \_\_\_\_\_

---

---

---

---

---

Does your child play well with other children? \_\_\_\_\_

---

How does your child handle meeting new children? \_\_\_\_\_

---

---

---

New adults? \_\_\_\_\_

---

New situations? \_\_\_\_\_

---

---

---

Does your child have any strong fears? Yes/No If so, what are they \_\_\_\_\_

---

---

---

---

---

Briefly, what are your reasons for enrolling your child in Little Lamb Nursery School?

---

---

---

---