

# NOAH'S ARK PRESCHOOL

1154 Great Plain Avenue Needham, MA 02492 781/449-2439

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## Developmental History and Background Information 2019-2020

*Regulations for licensed childcare/preschool facilities require this information to be on file to address the needs of children while in care.*

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Developmental History

Indicate the approximate age your child first:

Sat up unsupported \_\_\_\_\_ Crawled \_\_\_\_\_ Walked unsupported \_\_\_\_\_

Said 2 word sentence \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special needs? \_\_\_\_\_

Did your child receive Early Intervention? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

### Health History

Any known complications at birth? \_\_\_\_\_

Birth weight: \_\_\_\_\_ lbs \_\_\_\_\_ oz

Serious illnesses and/or hospitalizations? \_\_\_\_\_

Special physical conditions: \_\_\_\_\_

Allergies (i.e. Asthma, Hay Fever, Insect Bites, Medicines, Food Reactions):

\_\_\_\_\_  
\_\_\_\_\_

Regular Medications: \_\_\_\_\_

### Eating Habits

Special characteristics or difficulties: \_\_\_\_\_

\_\_\_\_\_  
Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

**Toilet Habits**

Is your child toilet trained (day)? \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

**Sleeping Habits**

Does your child become tired or nap during the day? \_\_\_\_\_

When? \_\_\_\_\_ How long? \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ Wake up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (difficulty falling asleep, wakeful at night, mood on waking, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Social Relationships**

How would you describe your child: \_\_\_\_\_

\_\_\_\_\_

Previous experience with other children/school/child care: \_\_\_\_\_

\_\_\_\_\_

Reaction to strangers: \_\_\_\_\_

Excessive difficulty separating from parents/caregiver: \_\_\_\_\_

Able to play alone: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (darkness, animals, etc): \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management at home? \_\_\_\_\_

\_\_\_\_\_

What would you like your child to gain from his/her school experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Daily Schedule**

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

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Is there anything else we should know about your child? \_\_\_\_\_

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Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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