

Infant Developmental History Form

Today's date: _____ Date of enrollment: _____

Child's name: _____ Date of birth: _____

What would you like us to call your child? _____

What languages are spoken at home? _____

Parent/guardian name: _____

Parent/guardian name: _____

Name of person completing form: _____

Primary teacher: _____ Classroom: _____

Family Information

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

Name	How child addresses this individual?	Age

Please list words used in your language corresponding to the English below. Include additional words in the blank columns if needed.

I'll take good care of you	
I see that you are crying	
Let's change your diaper	
I like your smile	
Time to eat	
Everyone is napping now	
Mommy will be back	
Daddy will be back	

If parental custody is shared, describe the custody arrangements:

All agreements and Court Orders must be on file at the center.

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home:

Child's name: _____

Developmental History

Age child began: Sitting _____ Crawling _____ Standing _____ Walking with support _____

Walking independently _____ Cooing _____ Babbling _____

Saying audible words _____ Saying 2 or 3 simple sentences _____

Do you have developmental concerns about your child?

How does your child communicate his/her needs?

Child's Health

List medications regularly taken and conditions requiring them:

Describe serious illnesses or hospitalizations:

Describe special physical conditions, disabilities, allergies, or concerns:

Does your child have a special need?

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel):

Note: For documented medical conditions, including allergies, an appropriate Health Care Plan completed by the child's medical provider is required. A Medication Authorization form must be completed and have the appropriate signatures for any medications to be administered at the center.

Child's name: _____

Diapering/Toilet Routines

Please check which type of diapers you will provide: Disposable Cloth

Words used for urination: _____

Words used for bowel movement: _____

Social Relationships

Has your child had any experience with group care? If yes, please describe:

How does your child react to new situations and new children and adults?

Child's favorite toys and activities:

Does your child have any fears? Explain:

Additional Pertinent Information

To help us care for your child as an individual, please explain your parenting philosophy:

Is there additional information you feel is important for the staff to know about your child or family?

What do you as a family, hope to get out of this child care experience?

Child's name: _____

PARENT/GUARDIAN SIGNATURE

DATE

STAFF SIGNATURE

DATE

