



INFANT/TODDLER DEVELOPMENTAL HISTORY

Completing this form thoroughly will allow us to better meet your child's individual needs and enhance the quality of care your child receives here at the center.

Child's Name: _____ Date of Birth: ____ / ____ / ____

What would you like us to call your child? _____

DEVELOPMENTAL HISTORY

Type of birth: _____ Complications: _____

Age child began sitting: _____ crawling: _____ walking: _____ talking: _____

Does child: sit up pull up crawl walk with support walk alone

Special words to describe needs: _____

Language(s) spoken at home: _____

Child's fussy times: _____

How do you handle these fussy times? _____

FAMILY INFORMATION

With whom does the child reside? _____

Who else lives in the home (siblings, extended family, pets, etc.)? _____

Does anyone else care for your child on a regular basis (nanny, family member, etc.)? _____

What does the child call family members (i.e. mom, dad, papa, mama, grandma, grandpa)? _____

Are books read in any languages other than English? _____

Are there words in your home language that we should know? _____

Please tell us about any cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful: _____

HEALTH/DEVELOPMENT

Serious illnesses or hospitalizations? (Please describe): _____

Any history of colic? _____

Special physical conditions or disabilities? (Please describe): _____

Allergies (If so, please describe severity, typical allergic reaction, and action to be taken, such as an EpiPen, Benadryl, etc.) _____

Is your child presently or ever been diagnosed with a special need? _____

If so, is he/she receiving any special services (Please describe)? _____

Does your child regularly take any medications? _____

EATING HABITS

Special characteristics or difficulties? _____

Special diet/Dietary Restrictions: _____

Does your child drink: Formula Breast Milk Other

Does your child have any food allergies? _____

Have solid foods been introduced? Yes No

If yes, please identify: _____

Favorite foods: _____

Foods refused: _____

Child eats: on lap in high chair other

Child eats with: spoon fork hands other

TOILET/DIAPERING HABITS

Is there frequent diaper rash? Yes No

Do you use: oil powder lotion other

Does child wear: disposable diapers cloth diapers

Are bowel movements regular? _____ How often? _____

Is there a problem with: diarrhea constipation

Is your child toilet trained: urination bowels

What is used at home: potty-chair special seat regular seat

Word used for urination: _____ Words used for bowel movement: _____

Does child have accidents? Yes No

If so, how often, and when do they typically occur (during sleep, etc.) _____

SLEEPING HABITS

Does child sleep in: crib bed with parents
Does child sleep on: back side stomach
Does child take naps? Yes No
Times: a.m. _____ p.m. _____
What time does child go to bed at night? _____ Awake in the morning? _____
What does child take to bed? _____ Mood on awakening: _____
Are there any sleep/wake time rituals? If so, please explain: _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Has child had any experience playing with children? If so, please describe: _____

Is child: friendly aggressive shy withdrawn
Reaction to strangers: _____

Prefers to play: alone in small groups
Favorite toys and activities: _____

Is child frightened by: animals rough children loud noises dark other _____
Explain: _____
How do you comfort your child when he/she is upset, hurt or scared? _____

How does your child prefer to be held? _____
What is your style of disciplining? _____

Who does most of disciplining? _____
Have you had any previous child care experience? Yes No
If yes, did it meet your needs and expectations? Please explain why or why not: _____

DAILY SCHEDULE

Please describe by approximate time your child’s current daily activities (e.g., awakening, eating, time out of crib, play, napping, toilet habits, fussy time, night bedtime):

MORNING

AFTERNOON

PARENTING PHILOSOPHY

Do you have ideas about parenting that would help us to better care for your child as an individual?

What would you like to gain from the child care experience?

Is there anything else you would like us to know about your child?

(Parent/Guardian’s Signature)

(Date)