

For Office Use Only

Date enrolled \_\_\_\_\_

Discharged \_\_\_\_\_

T2 T0 2 3 4 C  
M T W Th F All

\_\_\_\_ A.M. \_\_\_\_ P.M.

### DEVELOPMENTAL FORM

**Knowing that each child is a unique gift, we are asking for the following information in order that we may help your child adjust to the school situation as happily and comfortably as possible. This form must be filled out completely. Remember, it is your responsibility to correct and change information as needed.**

**Child's Full Name** \_\_\_\_\_ Nickname \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_M \_\_\_F

Date of Entrance \_\_\_\_\_ Biological \_\_\_\_\_ Adopted \_\_\_\_\_

#### **Family Information:**

Parent's Marital Status \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

If separated or divorced, Mother/Father's address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_

Workplace \_\_\_\_\_ Days at Work: M T W Th F All (Circle)

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_

Workplace \_\_\_\_\_ Days at Work: M T W Th F All (Circle)

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's work hours \_\_\_\_\_ Father's work hours \_\_\_\_\_

Please list other children in the family, including half, step and deceased siblings:

<u>First and last name</u>	<u>Birthdate</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other adults living at home (i.e. grandparents, nanny etc...) and relationship to child

\_\_\_\_\_

\_\_\_\_\_

Does Mother/Father care for child full time? \_\_\_\_\_ If not, who does and when did this begin? \_\_\_\_\_

Do the parents travel? \_\_\_\_\_ Frequently? \_\_\_\_\_ Who stays with the child? \_\_\_\_\_

Does your child have contact with his/her grandparents? \_\_\_\_\_

**Developmental:**

Was the child's development unusual in any way? \_\_\_\_\_

At what age did he/she walk? \_\_\_\_\_ Talk? \_\_\_\_\_

When was your child's toilet training started? \_\_\_\_\_ Any problems? \_\_\_\_\_

Is your child comfortable in taking care of his/her own bathroom needs? \_\_\_\_\_

What words does your child use to indicate they need they to use the toilet? \_\_\_\_\_

Are there any foods he/she cannot eat or drink? \_\_\_\_\_ If so, please list: \_\_\_\_\_

\_\_\_\_\_

Any illnesses, operations, allergies or childhood diseases we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other health factors which you feel would be helpful for us to know? (i.e. eyesight, hearing, speech, individual habits) \_\_\_\_\_

Is your child receiving any support services or medical attention that would impact his/her preschool experience? \_\_\_\_\_

Any specific concerns? \_\_\_\_\_

**Attitudes and Feelings:**

In order for us to understand your child better, please describe the management techniques that work best in your family. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there specific situations in which your child tends to become tense, afraid, angry etc? Please list: \_\_\_\_\_

\_\_\_\_\_

How is this dealt with? \_\_\_\_\_

\_\_\_\_\_

**Social Development:**

Is this your child's first pre-school experience? \_\_\_\_\_ Past experience where? \_\_\_\_\_

Other activities your child has perviously participated in? \_\_\_\_\_

At what age did he/she begin? \_\_\_\_\_ For how long? \_\_\_\_\_

What were his/her reactions? \_\_\_\_\_

What other activities will you child be enrolled in? Please list activity, location and number of days per week. \_\_\_\_\_

\_\_\_\_\_

Does your child know any other children who currently attend A Joyful Noise? \_\_\_\_\_

Please list names \_\_\_\_\_

What experiences would you like your child to have in this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information you would like to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_