

HAPPY HOLLOW SCHOOL

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Commonwealth of Massachusetts regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ **DATE OF BIRTH** _____

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Special words to describe needs: _____

Language spoken at home: _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

Has toilet training been attempted? _____

Please describe any particular procedure to be used for your child at the center

What is used at home? pottychair? _____ special child seat? _____ regular seat? _____

How does your child indicate bathroom needs (include special words): _____

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 (include when and how long)?

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc)

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc): _____

How do you comfort your child: _____

What is the method of behavior management/discipline at home: _____

What would you like your child to gain from this childcare experience?

DAILY SCHEDULE

Please describe your child's schedule on a typical day. _____

Is there anything else we should know about your child? _____

Parent/Guardian Signature: _____ **Date:** _____