



# Sunny Hill Preschool Summer Developmental History Form

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Parent/Guardian Name(s): \_\_\_\_\_

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Infant /Toddler Development

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Age began: sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

Any speech development difficulties?

Languages spoken at home:

## Health Information

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Any known complications at birth?

Serious illnesses or complications?

Special physical conditions or disabilities? Regular medications?

Any known allergies? If your child has a life threatening allergy you must complete an Allergy Action Plan.

## Eating Habits

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Food allergies:

Special characteristics or difficulties:

Favorite foods:

Foods refused:

## Toileting Habits

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How does the child indicate bathroom needs (include special words)?

Is child ever reluctant to use the bathroom or have accidents?

## Schedule and Sleeping Habits

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Does your child become tired or nap during the day?

Describe your child's schedule on a typical day

**About Your Child and Family**

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**How would you describe your child?**

**Reaction to strangers?**

**Previous experience with other children in early childhood settings?**

**Favorite toys and activities:**

**Able to play alone?**

**How do you comfort your child?**

**What methods of behavior management or discipline do you use at home?**

**Do you have any speech/language concerns? (i.e. difficulties, special words to describe needs, etc.)?**

**What celebrations does your child observe (i.e. birthdays, holidays, etc.)?**

**Does your child have any fears and/or concerns you would like us to know about?**

**What would you most like us to know about your child as he/she starts our summer program?**

**What do you want for your child from their experience this summer?**

**Do you have any fears and/or concerns you would like us to know about?**

**Is there anything else about your child or your family you would like to share?**

**Parent/Guardian Signature**

**Date**

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**Parent/Guardian Signature**

**Date**

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