

**EDWARD & THELMA GLANTZ EARLY CHILDHOOD LEARNING  
CENTER**

**DEVELOPMENTAL HISTORY FORM**

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address (if not same as above) \_\_\_\_\_

Home Phone (if not same as above) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Presently Employed:            Part time             Full Time

Father's Name: \_\_\_\_\_

Home Address (if not same as above) \_\_\_\_\_

Home Phone (if not same as above) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Presently Employed:            Part time             Full Time

Name, Phone No. & relationship of person to contact in an emergency:  
(other than parents/guardian) \_\_\_\_\_

Siblings Names:

1. \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_ school \_\_\_\_\_

2. \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_ school \_\_\_\_\_

3. \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_ school \_\_\_\_\_

How does child get along with brother/sisters(s)? \_\_\_\_\_

### **DEVELOPMENT**

Language: At what age did your child start talking? \_\_\_\_\_

Previous school or playgroup experience: \_\_\_\_\_

How long did child attend? \_\_\_\_\_

Does your child have the opportunity to play with other children? \_\_\_\_\_

Child prefers playing alone \_\_\_\_\_

Does child have a trusting attitude toward adults (friendly, detached, seeks adult attention)? \_\_\_\_\_

Parent-child relationship: Who does disciplining? Child's reaction to authority?  
\_\_\_\_\_

Are there any other adults caring for this child?  
\_\_\_\_\_

What kind of indoor activities does he/she enjoy (Games, blocks, puzzles, drawing, painting, TV, dolls) \_\_\_\_\_

What outdoor activities? \_\_\_\_\_

How does child react to a new situation? \_\_\_\_\_

What kinds of things upset your child? Can make him/her angry? How do you reassure him/her? Any special fears? \_\_\_\_\_

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How do you describe your child? (Active, shy, inquisitive, quiet, easily upset, etc.)

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### **SLEEPING HABITS**

Does he/she have a regular bedtime? \_\_\_\_\_

Sleep through the night? \_\_\_\_\_

Does your child share a room? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_

### **TOILETING HABITS**

Is your child toilet trained? \_\_\_\_\_ At what age? \_\_\_\_\_

How was his/her training? Easy  difficult  child initiated

What word does child use for urination \_\_\_\_\_ bowel movement? \_\_\_\_\_

### **HEALTH**

Has your child had any serious illness or accident? \_\_\_\_\_

Has your child been hospitalized? \_\_\_\_\_ Any childhood diseases? \_\_\_\_\_

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Are there any kinds of health problems, allergies or disabilities that you wish to make us aware of? \_\_\_\_\_

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Is your child currently on any special medication? \_\_\_\_\_

List names of medication? \_\_\_\_\_

Does medication have to be given during school hours? \_\_\_\_\_

**EATING HABITS**

Please describe your child's eating habits (well, poorly, picky, etc.): \_\_\_\_\_

\_\_\_\_\_

Any food allergies not listed above: \_\_\_\_\_

If so, please describe reaction: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Reason for parent's seeking this program: \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will get out of his/her preschool experience? \_\_\_\_\_

\_\_\_\_\_

Any other information on your child or family that we should know that will assist us?

\_\_\_\_\_

\_\_\_\_\_