

St Barnabas Day School

Developmental Information Form

Child's name _____

Date _____

1) What are you looking for in a preschool program for your child?

2) What specifically attracted you to St Barnabas Day School?

3) How would you describe your child and his/her needs? How do you see the Day School fulfilling the needs of your child?

4) Please list any early childhood programs your child has attended to date (preschool, daycare, BI Parks & Rec, regularly scheduled playgroups...). Please explain your child's experience in these programs.

5) Please list your child's 5 most favorite activities and favorite color.

6) Has your child received any special developmental services to date (speech therapy, physical therapy, other...)? If you answer yes, what and where were services provided?

7) Do you have any other information that you think would be helpful to us in planning for your child? Are there any special developmental concerns that have not been addressed?

8) Please list any fears your child may have?

9) Has separation anxiety been an issue in the past/currently? Please explain briefly.

10) While we can accommodate an occasional accident, we do not have the facilities to provide diaper changing. Therefore, we cannot accommodate a child who does not have bowel control. Do you anticipate this being a problem for your child next fall? If yes, please explain.

----- PLEASE FILL OUT BACK OF FORM -----

Personal & Family History:

Parents' information: Married ___ Divorced ___ Single ___ Widowed ___

Please list any complications during pregnancy or birth:

Full term _____ Premature _____ How many weeks premature? _____

Age child began sitting _____ Crawling _____ Walking _____ Talking _____

Is your child's speech understood by your family? _____ By others? _____

What languages are spoken in your home?

Does your child use special words to describe his/her needs? If yes what are they?

What time does your child wake up in the morning? _____ Are there any siblings that need to catch the bus or get dropped off at school? _____ If yes, what time? _____

Health:

List any serious illness or hospitalization

List any physical disabilities/limitations or non-food allergies (hay fever, asthma, insect bites, medicines) and any treatments them

List any other medicines your child takes regularly.

Eating:

List any food allergies/sensitivities

Favorite foods

Foods refused

Does your child eat with a spoon? _____ a fork? _____

(Please feel free to use the remaining space for additional information or answer overflow.)