

Early Childhood Center

Early Preschool – Preschool – Pre-K Developmental History

Dear Parents,

Attached is a *Developmental History*. Teachers appreciate this valuable information from parents prior to the first day of school. Please complete both sides of the *Developmental History* prior to your Meet and Greet and bring it with you to give to the teacher.

Thank you for your support. Your input is valuable and helpful as we work to provide your child with an excellent experience at St. John's!

Sincerely,

Susie Canchola Early Childhood Division Principal



Early Childhood Center Developmental History

Child's Name:		Birth Date:	
Address: _			
Phone: Ho	me Mom's Work	Dad's Work	
	About C	Our Family	
	ationships:		
Parents:	Mom:	Occupation:	
	Dad:	Occupation:	
	Step Parent:	Occupation:	
	Step Parent:	Occupation:	
	Siblings:	Age:	
		Age:	
		Age:	
Other Care	givers:		
	Family Enjoys Doing:	-	
J	, ,, ,		
			
Yes/No	There has been a divorce in our family.		
163/110	Our child has contact with the non-custodial parent times a week.		
Yes/No	There are restrictions with the non-custodial parent of which the School should be aware.		
	Explain:		
Yes/No	Our family speaks English at home.		
	If applicable, list other languages:		

About Our Child

Favorite Play Activities: With Mom: _____ With Dad: With Friends: Favorite Outdoor Activity: Things we enjoy about our child: How our child reacts to change or being left with others: Our child's language development is: Discipline we use with our child: How our child expresses anger or reacts to frustration: Areas of concern or difficulty for parents: Yes/No Our child is able to express personal needs. Yes/No Our child has a hearty appetite. Favorite snacks: Foods our child dislikes: Our child has a regular bedtime. p.m. Yes/No Yes/No Our child has allergies. Explain _____ Additional information pertaining to our child's development, i.e. hospitalization, injuries, separation from parents, toilet training, etc.: