

FRUIT AND FLOWER CHILD CARE CENTER
MEDICAL AND DEVELOPMENTAL HISTORY

CHILD'S NAME _____ BIRTHDATE _____

TODAY'S DATE _____ PERSON FILLING OUT THIS FORM _____

Child's birth weight _____ birth length _____

Any complications at birth? _____

Does your child have any known handicapping conditions or medical concerns that we should know about? Please explain. _____

Has your child had any serious illnesses? _____

Has your child had any of the following?

Whooping Cough _____ Pneumonia _____ Mumps _____ Measles (red) _____

Measles (German) _____ Eczema _____ Seizures _____ Chicken Pox _____

Chronic Diarrhea _____ Elevated Temperatures (over 103) _____

How does your child react to elevated temperatures? _____

Date and results of most recent Physical Exam _____

Age child began sitting _____ crawling _____ walking _____ talking _____

Are other languages spoken to the child on a regular basis? _____

Any language difficulties to note? _____

Special words we should know? _____

Please describe your child's normal sleeping patterns. _____

Does your child experience any sleeping problems on a regular basis? Describe. _____

Any special ways to help child sleep? Describe. _____

(continues on the other side)

Are there any toileting issues that we should know about? _____

Has your child had any feeding or food-related problems? Describe. _____

List any allergies or sensitivities to certain foods. _____

Has your child been in group care before? Describe. _____

Do you anticipate any problems in your child's adjustment to group care? _____

How would you describe your child's personality? _____

What type of guidance and discipline is used in your home? _____

Does your child have any particular fears? _____

Does your child have any special mannerisms or habits? Describe. _____

Is there anything else we should know about your child? In what particular way/s can we help you and your child in our program? _____
