



## Pre-enrollment Developmental Checklist

Thank you for taking the time to complete this information as completely as possible. If anything is not applicable at this time, please mark it N/A. Please understand that this information is considered confidential, is viewed in a non-judgmental manner, and will be utilized heavily in meeting your child's individual needs.

Current Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age now: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Birthmarks: \_\_\_\_\_ Scars: \_\_\_\_\_

Enrolling Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Additional Phone Numbers \_\_\_\_\_



**Developmental History:**

Child's place of birth: \_\_\_\_\_

Length of Pregnancy: \_\_\_\_\_

Any complications during pregnancy?: \_\_\_\_\_

Medication taken during pregnancy: \_\_\_\_\_

Type of delivery: \_\_\_\_\_

Length of stay in hospital after birth: mother: \_\_\_\_\_ child: \_\_\_\_\_

Child's condition at birth: \_\_\_\_\_

Birth weight: \_\_\_\_\_

Type of infant feeding (bottle, breast, both):

Feeding concerns: \_\_\_\_\_

Age child sat alone: \_\_\_\_\_ crawled: \_\_\_\_\_

Walked: \_\_\_\_\_ was weaned: \_\_\_\_\_

First used words: \_\_\_\_\_



**Toileting:**

Is your child potty trained? \_\_\_\_\_

Method used (pull-ups, etc.): \_\_\_\_\_

Any concerns: \_\_\_\_\_

When your child is at home, does he or she still use diapers or pull-ups?  
\_\_\_\_\_

If so, when (nap time, night time, regularly)?  
\_\_\_\_\_

Does your child use the toilet by him/her self?  
\_\_\_\_\_

If not, what is their toileting routine? \_\_\_\_\_

Can your child undo necessary clothing by him/her self to use the toilet?  
\_\_\_\_\_

**Sleeping:**

Does your child nap at home? \_\_\_\_\_

Does your child sleep alone or with you, or both? \_\_\_\_\_

What is your nap time routine (please include approx. time and length):  
\_\_\_\_\_



What is your child's bed time routine (please include approx. time and length)?

\_\_\_\_\_

Sleeping concerns? \_\_\_\_\_

Nightmares? \_\_\_\_\_

**Eating:**

Any dietary modifications? \_\_\_\_\_

\_\_\_\_\_

Are these religious or preferential modifications? \_\_\_\_\_

Does your child eat or drink (please check):

\_\_\_ Chicken

\_\_\_ Fruit

\_\_\_ Pork

\_\_\_ Vegetables

\_\_\_ Beef

\_\_\_ Seafood

\_\_\_ Pasta

\_\_\_ Shellfish

\_\_\_ Bread

\_\_\_ Sweets

\_\_\_ Water

\_\_\_ Milk: If so, approx. how many oz. per day? \_\_\_\_\_ oz

\_\_\_ Juice: If so, approx. how many oz. per day? \_\_\_\_\_ oz.

\_\_\_ Sports drinks. If so, approx. how many oz. per day? \_\_\_\_\_ oz.

What are your child's favorite foods?

\_\_\_\_\_

Least favorite? \_\_\_\_\_



Any eating concerns? \_\_\_\_\_

Where does your family eat meals? \_\_\_\_\_

How often do you eat at home? \_\_\_\_\_

How often do you eat outside the home? \_\_\_\_\_

Does your child help cook, set the table, grocery shop? \_\_\_\_\_

What is your child's eating schedule when at home? \_\_\_\_\_

**Self-help skills:**

Which does your child do on a regular basis without substantial adult help (please check all that apply):

\_\_\_\_\_ Feeding

\_\_\_\_\_ Dressing

\_\_\_\_\_ Undressing

\_\_\_\_\_ Toileting

**Behavior/ Discipline:**

What are your child's favorite activities:

Quiet play? \_\_\_\_\_

Active play? \_\_\_\_\_

Does your child have any strong fears? \_\_\_\_\_

Any behavior concerns: \_\_\_\_\_



Primary type of discipline used outside of school:

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Please describe your child's temperament/personality:

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How does your child indicate that he/she is upset?

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How does your child react to new situations?

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How does your child react to persons he/she is unfamiliar with?

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Is your child cared for by sitters?

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If so, how often?

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**Previous group experience:**

Has your child had the opportunity to play with other children? \_\_\_\_\_

In a group? \_\_\_\_\_ If so, what was the group size? \_\_\_\_\_

Has your child been in mother's day out, or preschool before? \_\_\_\_\_

If so, for what period of time? \_\_\_\_\_ At what age? \_\_\_\_\_

What was the group size? \_\_\_\_\_

How does your child react to other children? \_\_\_\_\_

\_\_\_\_\_

**Media:**

Does your child watch television or movies?: \_\_\_\_\_

If so, approximately how many hours per day or week. \_\_\_\_\_

What does your child enjoy watching? \_\_\_\_\_

Does your child play video or computer games? \_\_\_\_\_

If so, approximately how many hours per day or week. \_\_\_\_\_

What does your child enjoy playing? \_\_\_\_\_



What do parents watch with the child present? (i.e. news, cooking shows, movies) \_\_\_\_\_

**Family:**

Other children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Living at home? \_\_\_\_\_

Type of dwelling: \_\_\_\_\_

Is there a play area? \_\_\_\_\_

How long at this address? \_\_\_\_\_

Has the family lived in other places? \_\_\_\_\_

If so, where? \_\_\_\_\_

Has child lived with anyone but yourself? \_\_\_\_\_

If so, whom? \_\_\_\_\_

For how long? \_\_\_\_\_ At what age? \_\_\_\_\_

What holidays does your family celebrate?

\_\_\_\_\_  
\_\_\_\_\_





What activities do you enjoy doing together as a family?

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Primary language(s) spoken at home:

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Words or phrases (in your primary language, especially if other than English) that your child finds comforting:

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**Parents:**

**Mother:**

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

Date of birth: \_\_\_\_\_

Please circle:

Single   Married   Divorced   Separated   Living Together   Widowed

Place of employment: \_\_\_\_\_

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

Approx. work schedule: \_\_\_\_\_

Living with child? \_\_\_\_\_



**Father:**

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

Date of birth: \_\_\_\_\_

**Please circle:**

Single   Married   Divorced   Separated   Living Together   Widowed

Place of employment: \_\_\_\_\_

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

Approx. work schedule: \_\_\_\_\_

Living with child? \_\_\_\_\_

Other significant adults ( step parents, etc.):

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

Date of birth: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allowed to transport child? \_\_\_\_\_

Living with child? \_\_\_\_\_

Place of employment: \_\_\_\_\_

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



Approx. work schedule: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allowed to transport child? \_\_\_\_\_

Living with child? \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

Approx. work schedule: \_\_\_\_\_

With whom does your child reside? \_\_\_\_\_

If parents are divorced, has custody been awarded? \_\_\_\_\_ To whom? \_\_\_\_\_

If joint custody, what is child's schedule in each home? \_\_\_\_\_

\_\_\_\_\_

Visitation schedule? \_\_\_\_\_

Any recent changes in your child's life? \_\_\_\_\_



Any anticipated changes? \_\_\_\_\_

Do primary caregivers travel for work? \_\_\_\_\_

If so, how often (approx.)? \_\_\_\_\_

How does child's living situation change during these periods of travel? (nannies, sitters, family, etc.) \_\_\_\_\_

**Child's schedule:**

Anticipated time of arrival? \_\_\_\_\_

Departure? \_\_\_\_\_

Does the arrival/ departure time change throughout the week?

\_\_\_\_\_

If so, how? \_\_\_\_\_

Outside extracurricular activities: \_\_\_\_\_

Would you be interested in volunteering in your child's school? \_\_\_\_\_

If so, in what capacity? \_\_\_\_\_

Do you have any special talents or interests that you would like to share( for celebrations, holidays, professional: dentist, doctor, fire fighter, etc.)?

\_\_\_\_\_

\_\_\_\_\_



Anything else that you feel might be helpful to your child's teacher?

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