

Venice Nokomis Community Preschool, Inc.
FAMILY, HEALTH AND DEVELOPMENT FORM

CHILD'S NAME _____ Date of Birth _____

HEALTH HISTORY

Type of Birth _____ Was the child preterm? _____

Does your child have a history of the following:

Frequent colds _____ Frequent Diarrhea _____ Asthma _____ Nosebleeds _____

Ear Infections _____ Stomach Aches _____ Seizures _____ Headaches _____

Ear Infections _____ Please indicate what brings on the above conditions if you know:

What illnesses has your child had? At what Age?

Chicken Pox _____ Scarlet Fever _____ Hepatitis _____ Diabetes _____ Mumps _____

Measles _____ Other _____

Does your child vomit easily? _____ Does your child run high fevers often? _____

Has your child had any serious accidents? If so, please explain _____

Does your child have allergies? _____ If so, how are they manifested? _____

Asthma _____ Hay Fever _____ Hives _____ Other _____

What causes the allergy? _____

Does your child have any food allergies? _____

Does your child receive any medication regularly? _____

Do you have any concerns in these areas: Speech _____ Physical: _____ Hearing: _____

DEVELOPMENTAL HISTORY

At what age child : crept _____ Sat alone _____ Walked alone _____

Named simple objects _____ Spoke in sentences _____ Slept through the night _____

Dressed self _____ Began toilet training _____

Words child uses for urination/bowel movement: _____

Are there any eating problems? _____

Any dietary restrictions (vegetarian, etc.) ? _____

How would you describe your child's personality? _____

Are there other child care arrangements during hours when the child does not attend this center?

How does your child respond to other children? _____

Has your child had any other group play experiences? _____

How does your child cope with separation? _____

Have there been any recent family changes that we should be aware of? _____

What do you find best comforts your child? _____

Does your have any fears that you are aware of? _____

How does your child show stress and what do you do to relieve it? _____

Do you have any concerns about your child's development? _____

Is there any other information you wish to share with us regarding your child? _____