

Fores Hill Presbyterian Child Care Center

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2024

CHILD'S DEVELOPMENTAL HISTORY

Child's Name: _____
Last First Middle

Birth Date: _____
Month Date Year

1. Has your child had previous group experience? _____
Where? _____

2. Does your child have neighborhood playmates? _____

3. Does your child prefer to play independently or with other children? _____

4. Does your child have any close friends at Forest Hill CCC? _____
Who? _____

5. Do you feel your child will adjust easily to a child care situation? _____
If no, please explain: _____

6. How well do they get along with other children? _____

7. Does the child sleep alone? _____ Take a daily nap? _____ Hours _____

8. Favorite Foods: _____

Food Dislikes: _____

Any food allergies? _____

Other allergies? _____

EpiPen or Auvi-Q? (please circle one): YES or NO

9. Characteristic behavior (please circle all that apply): calm, excitable, easily angered, happy, cheerful, stubborn, cooperative, quiet, independent, active, leader, follower, other:

10. Please describe your child in a few sentences: _____

11. What are some of your child's interests, favorite activities and/or favorite toys? _____

12. Fears and how your child shows fear? _____

13. What makes your child frustrated or upset? _____

How does your child display frustration or anger? _____

14. Is your child independent on the potty? _____ Urination? _____ Bowel movement? _____

What word is used for urination? _____ For bowel movement? _____

Is your child in diapers? _____ pull ups? _____

14. Has your child had experience with: clay _____ scissors _____ easel painting _____
blocks _____ finger painting _____ water play _____ story hour _____ coloring _____

15. Does your child have any special needs (diagnosed or undiagnosed) our staff should be aware of?

16. What additional information do you feel is important for us to know about your child?
