

Little Friends Preschool
Developmental History

Child's Name _____
Last First

Name child prefers _____ Birthdate _____

Parent Name _____

Address _____

City zip

E-mail address _____

Phone _____ Cell number _____

Name and ages of siblings _____

Class preference: ___ T/TH-AM ___ T/TH-PM ___ M/W/F-AM ___ M/W/F PM
\$135 \$135 \$165 \$165

HEALTH:

Any serious illnesses or hospitalization? _____

List any known allergies: _____

Any physical disabilities or limitations? _____

Are there any known food allergies? _____

TOILET HABITS:

Does the child indicate his/her bathroom needs? _____

LANGUAGE DEVELOPMENT:

Does he/she speak clearly? _____

Are there particular sounds or words that cause difficulty for the child? _____

SOCIAL RELATIONSHIPS:

What experience has the child had in playing with other children: 1) his own age _____

2) older _____ 3) younger _____

CHILD'S EXPECTATIONS:

Is the child excited about starting Preschool? _____

Are there any concerns or hopes he/she has shared? _____

YOUR EXPECTATIONS:

Do you feel he/she will adjust easily to Preschool? _____

Are there any concerns that you would like to share? _____

What would you like the child to achieve this school year? _____

Non-refundable deposit submitted Amount _____ check # _____ date _____