

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  
                                    \$140                    \$140                    \$170                    \$170

**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 \_\_\_\_\_