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 $150 ___T/TH-PM $150 ___ M/W/F-AM $180 ___ M/W/F PM $180

**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 registration fee*** submitted Amount_____ check #_____
date _____