

**Happy House Daycare Cold Lake Alberta**  
**Child Developmental History Form**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Nickname \_\_\_\_\_ Enrolment Date \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F  
Siblings \_\_\_\_\_

**Allergies** \_\_\_\_\_  
**Special Concerns** \_\_\_\_\_

**Physical Growth**

Health / Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
Any past serious accidents/incidents: \_\_\_\_\_  
\_\_\_\_\_

**Physical Development**

Started walking at what age: \_\_\_\_\_  
Exposed to playgrounds at what age: \_\_\_\_\_  
Any concerns with co-ordination: \_\_\_\_\_  
\_\_\_\_\_

**Eating Habits**

Likes: \_\_\_\_\_  
Dislikes: \_\_\_\_\_  
Type of eater: \_\_\_\_\_  
Special food considerations: \_\_\_\_\_  
Milk/fluid intake: \_\_\_\_\_ Utensil preference: \_\_\_\_\_

**Infants**

The current number of teeth: \_\_\_\_\_  
What does the child drink out of? \_\_\_\_\_  
Foods the child has been eating to date: \_\_\_\_\_  
\_\_\_\_\_  
The child's eating schedule: \_\_\_\_\_  
How does your child indicate they have had enough food/are done eating? \_\_\_\_\_  
\_\_\_\_\_

**Sleeping Habits**

Type of sleeper: (*sleep routine, sleeps soundly, and wakes-up slowly*) \_\_\_\_\_

Does your child nap: \_\_\_\_\_ How long: \_\_\_\_\_

Does your child take anything to bed at naptime? \_\_\_\_\_

### **Infants Sleep Schedule**

Child's sleeping schedule during the day: \_\_\_\_\_

Child's sleeping schedule at night: \_\_\_\_\_

The way the child falls asleep at home (*ex. with bottle, rocking*): \_\_\_\_\_

Other considerations: \_\_\_\_\_

### **Toileting Habits**

Any special phrases: \_\_\_\_\_

Child's home experience (*uses toilet independently, needs assistance*): \_\_\_\_\_

Dry at night/nap: \_\_\_\_\_

Toileting schedule: (*BM*) \_\_\_\_\_

### **Infants**

Diaper changing routine at home: \_\_\_\_\_

### **Dressing Habits**

How independent is your child: (*needs assistance, independently dresses self*) \_\_\_\_\_

Can your child zip, button, etc.? \_\_\_\_\_

### **Emotional Status**

Separation from parents:

What separation routine is your child used to: \_\_\_\_\_

Child's behaviour at separation: \_\_\_\_\_

Special security type objects (*blanket, teddy*): \_\_\_\_\_

Adjustment to change and new situations: \_\_\_\_\_  
\_\_\_\_\_

Child's personality/temperament (*easy going, quick tempered, determined, etc.*): \_\_\_\_\_  
\_\_\_\_\_

Child guidance techniques usually used at home: \_\_\_\_\_  
\_\_\_\_\_

Reactions to guidance (*testing, temper tantrums, etc.*) \_\_\_\_\_  
\_\_\_\_\_

Child's way of expressing emotions (*lonely, sad, hurt, scared*): \_\_\_\_\_  
\_\_\_\_\_

Any specific fears: \_\_\_\_\_

Shows affection through: \_\_\_\_\_

Child's habits (*thumb sucking, nail biting, etc.*): \_\_\_\_\_  
\_\_\_\_\_

### **Social Status of Child**

Child's experiences with other children: \_\_\_\_\_  
\_\_\_\_\_

Your child's play and social behaviours: \_\_\_\_\_  
\_\_\_\_\_

### **Intellectual status of child**

Your child's ability to express their needs, wants or ideas: \_\_\_\_\_  
\_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Any language/speech concerns: \_\_\_\_\_  
\_\_\_\_\_

Child's preference of activities/toys (*favoured toys, books, etc.*) \_\_\_\_\_  
\_\_\_\_\_

### **Child's Family Background**

Previous child care arrangement: \_\_\_\_\_  
\_\_\_\_\_

Child's experiences with family members and other adults: \_\_\_\_\_  
\_\_\_\_\_

Other important adults, beside the immediate family, in your child's life: \_\_\_\_\_

Relationship to absent parent: *(if applicable)* \_\_\_\_\_

Name of absent parent: \_\_\_\_\_

Visitations with absent parent: \_\_\_\_\_

Custody arrangements *(attach copy if applicable)* : \_\_\_\_\_

Family holidays & special celebrations: \_\_\_\_\_

What would you like to receive from the Centre for your child: \_\_\_\_\_

For yourself: \_\_\_\_\_

Who will usually pick up the child from the Centre: \_\_\_\_\_

*\*Please note all other persons picking up your child MUST be listed on the Alternative Pick-Up form,  
and present Photo ID at time of pick-up\**

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**