

DEVELOPMENTAL HISTORY OF CHILD

Please list the age at which your child:

walked \_\_\_\_\_  
was potty trained \_\_\_\_\_  
named simple objects \_\_\_\_\_  
repeated short sentences \_\_\_\_\_  
Is child right or left handed? \_\_\_\_\_  
Can child completely dress self? \_\_\_\_\_  
Does child eat breakfast? \_\_\_\_\_

word used for bowel movements \_\_\_\_\_  
usual time for bowel movements \_\_\_\_\_  
word used for urination \_\_\_\_\_  
Does child sleep well at night? \_\_\_\_\_  
usual bedtime hour \_\_\_\_\_  
What time does your child awaken? \_\_\_\_\_

\*Please list your child's favorite indoor play activities \_\_\_\_\_

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\*Please list your child's favorite outdoor play activities \_\_\_\_\_

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\*Does the child have any special fears that we need to be aware of? Please explain \_\_\_\_\_

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\*Does the child have any speech problems that we need to be aware of? Please explain \_\_\_\_\_

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

\*Please list any special needs (hearing, vision, other) that may affect your child's learning.

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\*Please list any special health concerns (asthma, allergies, physical limitations).

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\* If your child is currently under a physician's care, please explain.

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\* Please list any other information about your child you would like us to know.

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How did you hear about Bethany Lutheran Preschool? \_\_\_\_\_

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Why do you desire to enroll your child in Bethany Lutheran Preschool? \_\_\_\_\_

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