

GREEN HILL CHILD DEVELOPMENT CENTER, INC.

120 Geneva Avenue Silver Spring, MD 20910

Phone: 301-589-0613

PERSONAL DEVELOPMENT

Child's Name: _____

FAMILY INFORMATION

Are there any siblings (or step-siblings) living with your child? If so, please specify their name and age.

Are there pets in the home? If so, please specify. _____

How has daytime child care been provided in the past? (check all that apply.)

parent grandparent other relative day care home day care center nanny

Are there religious or family/cultural traditions your child observes? If so, please specify.

Please describe any other family information not listed above. _____

LANGUAGE

Is English your child's primary language? Yes No If not, what is? _____

If your child doesn't speak English, provide phonetic spelling of words your child understands for:

Hello _____ Goodbye _____ Mom _____ Dad _____ Yes _____ No _____ Hungry _____

Thirsty _____ Tired _____ Scared _____ Hurt _____ Potty _____ Play _____

Friend _____ Like _____ Outside _____ Inside _____

Describe your child's language and communication abilities: _____

DEVELOPMENT

Is your child toilet-trained? Yes No If yes, for how long? _____

Does your child have problems with urination, bowels or toileting? Yes No If yes, please specify:

Does your child nap? Yes No Length of afternoon nap: _____

Ways to help your child nap comfortably: _____

Does your child have problems with bedwetting? Yes No

GREEN HILL CHILD DEVELOPMENT CENTER, INC.

120 Geneva Avenue Silver Spring, MD 20910

Phone: 301-589-0613

Child's Name: _____

DEVELOPMENT continued

Does your child need help dressing? Yes No If yes, specify: _____

Does your child have fears we should know of? Yes No If yes, specify and provide tips for helping your child cope with them. _____

Has your child gone through a stage of biting other children? Yes No
If so, does it continue now? Yes No If yes, how do you handle it? _____

Describe your child's general physical motor abilities. _____

Describe your child's preferred playmates, i.e. solitary, siblings, peers, adults. _____

Describe your child's preferred play activities, i.e. toys, games, books. _____

Does your child watch television? Yes No If yes, please list favorite programs. _____

Please describe the type of discipline for behavior you use at home. _____

Please describe any unique circumstances in your family or child's life that may affect your child's current behavior? (For instance, child's imaginary playmate; new sibling; a recent move; problems with child care arrangements; family death, illness or hospitalization; parent separation or divorce, etc.) _____

Please describe your child's personality and temperament. _____

What do you hope your child gains from enrollment in our program? _____

Parent / Guardian Signature

Date