

Home Environment and Social Development

Child's Name: _____

List brothers and sisters:

Name	Sex	Date of Birth

Who lives in the home with your child?

Name	Relationship

How often does the child play with friends? (daycare, Sunday school, athletics, dance, etc.):

Describe your child's experience with other children:

Medical history

Allergies:

Food	Medicinal

Is your child on any regular medications (please circle): YES or NO
If yes, how does it alter your child's behavior?

Has child had any surgery or bone fractures?

Has physician ever been consulted with regard to speech, hearing or vision problems?



Are there any health problems in the family? Please describe how it may affect your child:

Has your child had any contagious diseases? If yes, please list:

Sleep Routine

Length of time _____
(hours and minutes)

My child no longer takes naps _____ (please initial)

Night time Routine: In bed at: _____ p.m.

Asleep at: _____ p.m.

Up around: _____ a.m.

Toilet Training

Is your child potty trained (Please circle): YES OR NO

What does child say for urination?

Bowel movement?

Behavioral Tendencies

What redirection practices are used in the home?

In what particular ways can we help your child this year?

Anything else you think would be helpful in caring for your child?

To complete registration, please enclose the non-refundable registration fee of \$125.00
(If reserving more than 60 days in advance, pre-payment of the first week's tuition is required)



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