

**Saugatuck Nursery School
Developmental History Form
2023-2024**

The following information is to help teachers meet the needs of your child. Please keep us informed of changing circumstances at home so that we can work cooperatively.

Child's Name _____ Prefers to be called _____

Birth Date _____ Place of Birth _____

Parent/Guardian _____

Parent/Guardian _____

Marital Status _____

Siblings and DOB _____

Other household members _____

Child's name for Paternal Grandparents _____

Child's name for Maternal Grandparents _____

Pets: Name _____ Kind _____

Name _____ Kind _____

List any Allergies:

(Food) _____

(Medicine) _____

(Other) _____

List any health concerns child has had pre-natal or post birth _____

Has your child received any services we should be aware of (Birth to 3, OT, PT Speech, etc.)? If so, please explain _____

List any chronic conditions we should be aware of _____

Has your child experienced any major change(s) in the last year?

Is your child familiar with another language _____

Describe child's eating habits

List special interests of child

List any fears of child

Is there anything about your child we should know to help us understand him/her better?

Please describe family customs/traditions observed:

What are your expectations of Nursery School for your child?

Is there anything we have not asked about that we should be aware of? _____

Filled out by _____ Date _____

Relationship to the Child _____