



# covenant

## PRESBYTERIAN PRESCHOOL

### DEVELOPMENTAL HISTORY 2026-2027

Name of Child \_\_\_\_\_ Sex \_\_\_\_\_

Name your child is called \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age as of Sept.1, 2026 \_\_\_\_\_ Yrs \_\_\_\_\_ Mo

Child lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Is he/she adopted? \_\_\_\_\_ If so, age at adoption \_\_\_\_\_ Does child know he/she is adopted? \_\_\_\_\_

Have others had a substantial role in rearing your child? \_\_\_\_\_

If yes, explain \_\_\_\_\_

List names and ages of other household members:

\_\_\_\_\_  
\_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Child's Previous School Attendance: Where: \_\_\_\_\_ When: \_\_\_\_\_

Is your child participating in another program supplementary to his/her attendance at Covenant? If so, where?

\_\_\_\_\_

Highlights of the past year for your child and family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH & PHYSICAL DEVELOPMENT:**

Describe your child's overall health. Include any chronic illnesses or ongoing health complications.

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Any speech, vision, or hearing difficulties? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

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Please describe any ongoing therapeutic intervention, if any. (i.e. physical, speech, and/or occupational)

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Any allergies? (Please name) \_\_\_\_\_

Medication used to treat? \_\_\_\_\_

Describe your child's toilet training status or method of elimination (e.g. diapers, pull-ups, toilet-trained, etc.)

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At what time does your child typically awaken in the morning? \_\_\_\_\_

Go to sleep at night? \_\_\_\_\_ Nap? \_\_\_\_\_

**SOCIAL & EMOTIONAL DEVELOPMENT:**

How would you describe your child's play? \_\_\_\_\_

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Has your child had group play experience? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

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Does your child have any special fears you are aware of? \_\_\_\_\_

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What, if any, nervous manifestations (nail biting, thumb sucking, etc.) does your child have?

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What makes your child content? (ex: pacifier, blanket, etc.) \_\_\_\_\_

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How does your child usually express his feelings? (both negative and positive) \_\_\_\_\_

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Methods of guidance (discipline) most often used? \_\_\_\_\_

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Does your child tend to wander away from you? \_\_\_\_\_

What do you feel are your child's strengths? \_\_\_\_\_

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Describe your child's personality

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What are your goals for your child this year?

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Is there any other significant information you might add which would further contribute to a better understanding of your child and his/her needs? \_\_\_\_\_

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Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*If you would like a copy of this form for your records, please make a copy before turning it into the office.**