

Family of Christ Learning Center
Developmental History
Two's - Kindergarten

Child's Name: _____
Address: _____ City: _____ Zip: _____
E-Mail Address: _____
Home Phone: _____ Birth date: _____
Place of Birth: _____ Race: _____ Sex: M F
Mother's Name: _____
Business Phone: _____ Cell Phone: _____
Father's Name: _____
Business Phone: _____ Cell Phone: _____

Others living in home:

Brother: _____ Age: _____
Brother: _____ Age: _____
Sister: _____ Age: _____
Sister: _____ Age: _____
Others: _____ Others: _____ Others: _____

Parental Marital Status-(circle one): Married, Divorced, Single

Primary Residence-(circle one): Mother, Father, Guardian

If divorced who has legal custody: _____

May non-custodial parent's pick-up: (circle one) Yes No

Family of Christ must be provided with court issued papers that clearly describe the custody arrangement. Any person granted custody in such papers may pick-up the child during the times the person has custody, and may designate other persons who are authorized to pick-up the child at such times, unless court papers state otherwise.

Enrolling Parent Signature

Has your child been enrolled in preschool/or extended care before?

Language(s) spoken in the home: _____

Does your child have a favorite security item? _____

Has your child participated in any peer group experiences? _____

Did they enjoy it? _____

How does your child relate to other children? _____

Does your child prefer to play alone? ____ With other children? ____

Is there anything else about your child's play or playmates that the school should know? _____

When your child has difficulty what kind of discipline do you most often use? _____

How long does your child watch TV each day? _____

What are your child's favorite books? _____

How many times a week is your child read to? _____

In most circumstances, do you consider your child (1) easily managed, (2)fairly easy to manage, or (3)difficult to manage? _____

How are these concerns dealt with? _____

Have you moved frequently? _____

Are you aware of any fears, anxieties or habits? _____

Are there any factors such as: long illness, loss of parent, divorce or any major events that may help us better understand your child?

What is your church affiliation? _____

Has your child been baptized/or christened? _____

Does your child attend church/Sunday school? _____

If so where? _____

Parent Signature

Date