

**FAIR ACRES  
COUNTRY DAY SCHOOL**

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**DEVELOPMENTAL HISTORY & BACKGROUND INFORMATION**

(Regulations for licensed childcare facilities require this information to be on file to address the needs of children while in their care)

**CHILD'S NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Age began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

Any Speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Has your child received or is receiving any kind of special services? \_\_\_\_\_

**HEALTH**

Any known complications at birth? \_\_\_\_\_

Serious illness and/or hospitalization \_\_\_\_\_

Special physical conditions, disabilities \_\_\_\_\_

**Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:**

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Regular Medications \_\_\_\_\_

**EATING HABITS**

Special characteristics or difficulties \_\_\_\_\_

Favorite foods \_\_\_\_\_

Child eats with hands \_\_\_\_\_ spoon \_\_\_\_\_ fork \_\_\_\_\_

**TOILET HABITS**

How does child indicate bathroom needs (include special words) \_\_\_\_\_

Is child ever reluctant to use the bathroom? \_\_\_\_\_

Does child have accidents? \_\_\_\_\_

**SLEEPING HABITS**

Does child become tired or nap during the day (include when and how long)? \_\_\_\_\_

When does child go to bed at night? \_\_\_\_\_ get up in morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.) \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

How would you describe your child? \_\_\_\_\_

Previous experience with other children/daycare \_\_\_\_\_

Reaction to strangers? \_\_\_\_\_ Able to play alone \_\_\_\_\_

Favorite toys & activities \_\_\_\_\_

Fears(dark, animals, etc.) \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management/discipline at home? \_\_\_\_\_

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