



Administrative Office
89 Portsmouth Avenue
Stratham, NH 03885
P: 603.772.9830
F: 603.772.4917

Exeter Center/School Age Office
13 School Street
Exeter, NH 03833
P: 603.772.4132
F: 603.772.5962

Newmarket Center
3 Simons Lane
Newmarket, NH 03857
P: 603.659.2324
F: 603.659.6882

Pease Center
81 New Hampshire Avenue
Portsmouth, NH 03801
P: 603.766.5437
F: 603.766.5439

DEVELOPMENTAL INFORMATION FORM

Child's full name _____ Date of Birth _____

Parent/Guardian Name(s) _____ Marital Status _____

Address _____ phone # _____

Room child is enrolled in _____ Date of enrollment _____

Child's daily schedule _____

Has your child had any previous preschool and/or child care experiences? _____

If so, where and for how long? _____

If not, has your child had an opportunity to play with other children? _____ Ages? _____

What is your child's favorite activity? _____

Does your child have any fears? _____ If so, what? _____

What methods of discipline do you use at home? _____

Does your child currently take a nap? _____ If so, for how long? _____

Can your child take care of all toileting needs? _____

What would you like your child to experience at our center? _____

Please explain your child's eating habits _____

FAMILY HISTORY

Is your child natural, adopted, foster? _____

What is the primary language spoken in your home? _____ If it is another language other than English, can your child speak and/or understand English? _____

Please list the names of all household members below:

NAME	RELATIONSHIP TO CHILD	AGE(child)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH HISTORY

Does your child have any allergies? _____

Has she/he ever been stung by a bee? _____ If so, did your child have a reaction? _____

Does your child have any speech difficulties? _____ If so, has your child had a speech and language screening? _____

Has your child ever been hospitalized or had a serious accident? _____

Is your child currently taking any medications? _____

How does your child indicate illness (i.e. verbally, quiet, flushed)? _____

Does your child have any specific medical problems? _____

Has your child had: a dental exam _____ eye exam _____ hearing exam _____

Please write below any additional information that you feel would be helpful for your child's teachers to know about your child: _____
