

# Happy Faces Children's Center

## Child Development Form

We are asking for the following information so that the staff may know your child thoroughly and help your child as he or she grows. The staff realizes what a difficult task it is to describe one's own child. Please feel free to add information you feel is relevant to your child's development.

### Family Information

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ M or F Today's Date: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Parents' Marital Status: Married Divorced Separated Single  
Name of Siblings and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Happy Faces Children's Center is pleased to begin a nurturing relationship with you and your child. We are looking forward to being a helping hand in your child's development. What factors are of greatest importance to you?

Location	Quality of Care
Reputation	Parent Referral
Cleanliness	Nutritious Snacks/Lunches
Cost	Curriculum
Qualified Staff	Friendliness of Staff
Other:	

### Child Information

What were your child's last child care arrangements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child separate from his/her parents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child typically nap? Are there any bedtime/naptime rituals?

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Does your child have any specific habits, such as thumb sucking, blanket, pacifier, etc.?

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How do you comfort your child?

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Does your child eat well? Favorite foods?

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Does your child take medications regularly? Yes or No

If yes, what?

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Does your child have allergies? Yes or No

If yes, what?

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Do you have any concerns about the development of your child? (For example: speech, eyesight, hearing, physical, emotional, social.)

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Does your child have any specific fears?

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What activities do you and your child enjoy doing together?

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What are your child's favorite toys? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's special interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's personality. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you discipline? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations of Happy Faces Children's Center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Comments

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**Signatures:**

Parent/Guardian

\_\_\_\_\_  
Parent/Guardian  
\_\_\_\_\_