



DEVELOPMENTAL HISTORY

Child's Name: _____
first middle last Nickname/usually goes by _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____ Sex: M F

FAMILY INFORMATION

1. Persons in home (please include all parents, guardians, siblings, live-in caregivers, other relatives, renters, etc):

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. What languages are spoken in your home? _____

3. What words do you use to describe your child's and family's ethnic, cultural, and racial identity? _____

4. If your family has a shared custody arrangement, or your child regularly lives at more than one residence, please describe these arrangements below (including days and times your child is usually at each home, and who lives with the child at each residence).

5. How long has your family lived in Seattle? _____

Where else has your family lived? _____

6. Please tell us more about the adults listed above (parents, guardians, step-parents, partners, etc.)

Adult's Name: _____ Place of Birth: _____

Occupation: _____ Hobbies/interests: _____

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Adult's Name: _____ Place of Birth: _____

Occupation: _____ Hobbies/interests: _____

7. Please describe some of your favorite activities to do together as a family:

8. Please describe some of the special events your family celebrates, and what those celebrations might include:

9. Are there things from home that are special to the family that they would be willing to share with the class? (For example: Mom's rock collection, Dad's conga drum, Grandma's potato pancake recipe ...)

10. Are there any special skills and talents that members of your family might contribute to the classroom or the Interlaken community? (For example: Dad could come in to bake bread with the class, Mom could offer computer support/consultation in the office, Aunt could sew new nap sheets ...)

11. Is there anything else you'd like us to know about your family? (For example: family pets, sibling relationships, adoption, relatives living nearby, upcoming changes in family life, usual parents roles ...)

SOCIAL HISTORY

1. Please describe your child's play. (For example: favorite toys and activities, does s/he prefer play alone or with others, does s/he have special playtimes with parents, what spaces and materials are available for play at home ...)

2. Please describe your child's self-help skills. (Eg. what can s/he do by her/himself, what does s/he need help with - dressing, washing, eating, putting on shoes, putting toys away)

3. Please describe your child's emotional behavior. (For example: does your child have any fears, how does your child react to change, how does your child express frustration or anger, what is comforting to your child ...)

4. Please describe your family's approach to discipline. (For example: methods used at home, particular words or phrases or actions used, how does child respond, which parent is responsible for discipline ...)

5. Please describe your child's experience with other children. (For example: is this your child's first group experience, do children come to visit, do you visit other children, are there friends in the neighborhood ...)

6. What things please you most about your child?

7. What things concern you most about your child?

8. What are your hopes and dreams for your child?

9. What are your family's values around education?

10. What skills and dispositions do you hope your child has when they leave Interlaken?

11. As an anti-bias curriculum where the first goal is, “Each children will demonstrate self-awareness, confidence, family pride, and positive social identity” and the second goal is, “Each child will express comfort and joy with human diversity; accurate language for human differences; and deep, caring, human connections,” what would you like us to know about your hopes for your child’s cultural and racial identity development?

12. What else would you like us to know in supporting your child’s identity development in an anti-bias curriculum?

Anything else?

HEALTH HISTORY

Physician/Dentist Information and exam dates are required by our licensor for enrollment of each child.

Child's Health Care Provider:

1. Physician's Name: _____ Phone: () _____

Address: _____

Dentist's Name: _____ Phone: () _____

Address: _____

2. Date of last physical examination: _____ / _____ / _____ (Required: must be within 1 year of admission) mo day year

Date of last dental examination: ____ / ____ / ____ (Required: must be within 1 year of admission) mo day year

Medical Insurance: _____ Membership number: _____

Employer: _____ Group number: _____

3. Child's position in family (oldest, 2nd, only, etc.) Birthweight: ___ pounds ___ ounces

4. Was child: full term premature (by how much? _____) adopted (at age ____)

5. Healthy pregnancy/delivery? yes no (please explain) _____

6. At what age did your child:

sit alone

stand alone

walk

talk (words)

toilet train (day)

toilet train (night)

7. Has/does your child had surgery or hospitalization? no yes, for

Note: The State of Washington requires that you complete the "Certificate of Immunization Status" or the Statement of Exemption to Immunization Law which you received. We cannot admit your child without these records on file. A current "Emergency Contact Information" form must be on file, and should be updated whenever information contained on that form changes.

A. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING (Please circle any that apply): NONE

Frequent Colds	Frequent Sore Throats	Frequent Ear Infections
Skin disorders (i.e. rashes)	Heart Trouble	Convulsions
Fainting Spells	Diabetes	Asthma
Stomach Upsets	Urinary Difficulties	Frequent Diarrhea
Frequent Constipation	Febrile Seizures	Other _____

Please provide details on any items marked in section A: _____

B. HAS YOUR CHILD HAD ANY OF THE FOLLOWING: NONE

Bronchitis	Date(s) _____	Measles (hard)	Date(s) _____
Hepatitis (A or B)	Date(s) _____	German Measles	Date(s) _____
Chicken Pox	Date(s) _____	Mumps	Date(s) _____
Scarlet Fever	Date(s) _____	Whooping cough	Date(s) _____

Please provide details on any items marked in section B: _____

C. HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING (Please check any that apply): NONE

Language Delay	ADD/ADHD	Developmental Delays
Autism or Related Disorder	Hearing Impairment	Vision Impairment
Learning Disabilities	Mental Illness	Behavior/Emotional Disorders
Other: _____		

6. Any allergies? no _____ yes, to _____

What happens when child is exposed to allergen(s)? _____

7. Medication reactions? no yes, to _____

NOTE: The Seattle-King County Department of Public Health requires that you complete a separate "Emergency Plan" form for any potentially life-threatening reactions to food, insect bites, or medications. If this is the case for your child, please request a copy of this from Cassie.

8. Does your child take medications routinely? no yes (Please list all medications & reasons for taking them, & if they'll be taking them at Interlaken.)

NOTE: Please complete a separate "Medication Authorization Form" if your child will have any medication to take at Interlaken, including items such as lotion or chapstick. This form is available online or from Cassie.

9. Please describe your child's eating (mealtimes, food likes/dislikes, dietary choices or restrictions, allergies):

NOTE: Please notify Cassie if you need to fill out a separate "Special Diet Statement" to request vegan or vegetarian snacks for your child, or a "Food Allergy/Intolerance Statement" to notify staff of any foods your child should not consume. If your child is sensitive to dairy, we must have a completed food intolerance form on file.

10. Please describe your child's sleeping (usual bedtime, usual wake time, naps, specific problems, rituals, routines):

11. Please describe your child's toileting (toilet training, accidents, reminders needed, special words used):

12. Please describe any other concerns you may have about your child's physical development. (For example: coordination, hearing, vision ...)

13. Please describe any other significant health information about your child or your family:
