

DEVELOPMENTAL HISTORY OF CHILD

Age at which child:

Crept on hands and knees:

Repeated short sentences: .

Sat alone:

Slept through night: .

Walked alone:

Began toilet training:

Named simple objects:

Word child uses for:

Urinate:

Bowel movement:

Dietary restrictions:

Does child dress self?

Undress self?

What time does your child go to bed at night?

Awaken?

Does she/he sleep well?

Any medical concerns/diagnosis?

Has your child ever been serviced by or participated in any other programs sponsored by the Avondale School District?

If yes, when / by whom?

Does your child have an IEP?

Do you have any concerns about your child's developmental progress? If yes, explain:

Does your child have any learning challenges that might influence their development? If yes, explain:

Has your child had any prior screens completed relating to their developments? If yes, explain:

Does your child have any special fears you are aware of?

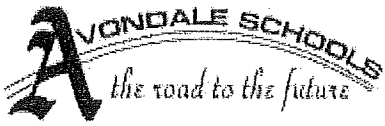
What method of behavior control is used in your home?

What is your child's usual reaction?

How would you describe your child's personality?

Has your family experienced changes at home in the past year (move, illness, loss of loved one or pet, etc.) that might affect your child during preschool? If yes, explain:

Is there any special information that would help the teaching team caring for your child?



AVONDALE SCHOOL DISTRICT PRESCHOOL FAMILY AND SOCIAL HISTORY

Mother (Guardian) Age:

Father (Guardian) Age:

Parent work hours:

Marital status of parents:

Living together: Separated:

Divorced: How long?

Stepmother: Stepfather:

Custody/Living Arrangements:

Home Elementary School for Kindergarten:

If child is adopted:

Age at adoption:

Does child know he/she is adopted?

Brothers/Sisters of Child (name and age):

Other members of the household (relationship and age):

Does the child have a room alone?

If not, with whom?

Who has cared for child other than parents?

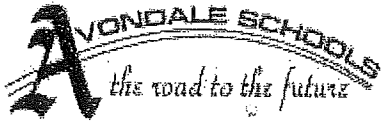
Has your child had any group play experience? If yes, where?

Does your child have neighborhood friends? If yes, explain:

Average number of hours per day spent on an IPAD/computer/phone/TV:

Child's favorite indoor activities:

Child's favorite outdoor activities:



STUDENT ACKNOWLEDGEMENTS

Tuition Policy:

Behavior Expectations:

Pesticide

Concussion:

Parent Agreement:

Notification:

ENROLLMENT DAYS / BEFORE AND AFTER CARE

| Day of the Week | Half Day Option | Full Day Option |
|-----------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> |

Affirmation Statement

As the parent/legal guardian, my signature below, affirms all information provided within this form is true and accurate, and that my child and I reside at the listed address. I understand false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature and Date