



# Automated Payment processing Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

## AUTHORIZATION FOR **BANK ACCOUNT** ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize Rainbow Learning Center to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if you wish to make online payments

For Official Use Only...

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Employee Signature



A service of



procure  
SOFTWARE®

# AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_

SIGNATURE-OPERATOR
DATE
SIGNATURE-PARENT OR GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____	_____
SIGNATURE-PARENT OR GUARDIAN	DATE



**Civil Rights Compliance**  
**Parent Awareness**

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you and your children, as a client of this facility, have the right:

To be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious, creed, handicap, ancestry, national origin, age or sex.

To file a complaint of discrimination if you have been discriminated against on the basis of your race, color, age or sex. Complaints of discrimination may be filed with of the following:

TodayCare

\_\_\_\_\_  
\_\_\_\_\_

Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity  
Room 225, Health & Welfare Building  
P.O. Box 2675  
Harrisburg PA 17110

PA Human Relations Commission  
Harrisburg Regional Office  
333 Market Street, 8<sup>th</sup> Floor  
Harrisburg PA 17101

U.S. Department of Health and Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia PA 19106-9111

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administration Signature

\_\_\_\_\_  
Date

# EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



Dear Families,

This letter is to assure you of our concern for the safety and welfare of children attending Rainbow Learning Center. Our emergency plan provides for response to all types of emergencies. Depending on the circumstances of the emergency, we will use one of the following protective actions.

- *Immediate Evacuation* – Students are evacuated to a safe area on the grounds of our location in the event of a fire, etc. If there is no safe area on the grounds, however the area is safe, we will evacuate to the Wonder Garden in Building 1 on the VA Medical Center Campus.
- *Evacuation* – Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to the relocation facility, LCBC, located at 2392 Mt. Joy Rd. Manheim, PA 17545
- *In-Place Sheltering* – Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside building as the best immediate response.
- *Modified Operation* – May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problem (such as utility disruptions) that make it unsafe for children but may be necessary in a variety of situations. **Families will be notified through our school messenger system. Please listen to WGAL Channel 8 for announcements relating to any of the following emergency actions listed above and how to reunite once the emergency ends.**

We ask that you do not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

We will restrict the list of persons to pick up your child to the persons listed on the Family Consent and Emergency Contact that was filled out at enrollment. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I specifically urge you not to attempt to make different arrangements during an emergency. This will create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact Rainbow Learning Center at 717.228.6091.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: <span style="float: right;">DATE FORM SIGNED:</span>

Parents may write immunization dates; health professional should verify and complete all data.

# **TodayCare Children's Centers**

## ***Frequently Asked Questions***

**[www.todaycarechildrenscenters.com](http://www.todaycarechildrenscenters.com)**

Below are some of the most frequently asked questions that we have heard. We have attempted to give you general information regarding what to expect in this upcoming transition. Please feel free to ask additional questions at any time.

### **1. Who is TodayCare Children's Centers and how did the company get started?**

TodayCare Children's Centers opened its first center in 1999 in Nashville, TN, offering mildly ill and back up childcare services to the families of their corporate partners. Those partners included some of the leading corporations, law firms, accounting firms, and hospitals in the Nashville business community. Soon, the business model expanded to offer traditional and back up childcare services in other markets, including Birmingham AL, Memphis TN, Tampa FL, and Walnut Grove, CA. In 2016, TodayCare Children's Centers relocated its corporate offices to St. Louis Mo.

TodayCare Children's Centers focuses on working with corporations and institutions in the United States, offering worksite childcare center management and childcare solutions designed to meet the needs of today's working parents. With a long history of program innovation and center management, we have worked with clients in healthcare, banking, corporate, higher education, and government.

### **2. When will the management transition take place?**

We anticipate reopening the Center on August 31<sup>st</sup>. The staff have already been transitioned to TodayCare.

### **3. What can my child and I expect during the transition?**

Over the next several weeks, our main focus will be on getting to know each of you and learning more about your childcare center and the level of care to which you are accustomed. We know that even positive change can be stressful. Therefore, it is our sincere desire to be respectful of your feelings while attempting to alleviate many of your anxieties.

During this time, we will take great care to get feedback from you and the teachers regarding your likes, wants, and needs. We will do our best to be available to you to answer any questions that you might have. We will provide you with a TodayCare enrollment packet to complete and return. This packet will provide us with pertinent information about your family, as well as give you valuable information about us. We were able to retain some of the forms that you have already filled out -

### **4. Will my child have the same teacher?**

That is our goal. Because there may be fewer children returning when we open, not all staff will begin working on the 31<sup>st</sup>. We know that qualified teachers are the key to any great school and so we work diligently to ensure that they feel valued for the important contribution that they make each day. Likewise, we recognize that one of the greatest needs for young children is that of consistency. Therefore, it is our goal to retain each teacher who desires to continue providing high quality care each day. We will entertain any requests made by a teacher for a change to another classroom at a later date.

### **5. Will my tuition rate increase during the transition?**

We are sensitive to the fact that tuition is a significant part of your household budget, and we take great care to keep our rates as comparable to the local childcare market as possible, while offering a superior quality program. There may be a slight increase in tuition because of the way we schedule children and staff the classrooms.

Upon enrollment and annually thereafter, we assess our annual registration and materials fee of \$100 per child/\$150 per family.

As a part of your enrollment packet, we will provide you with a Parental Agreement that will outline any fees we have associated with failure to meet a policy or procedure that is outlined in that agreement.

### **6. How will I make payments for my tuition?**

You may make tuition payments via payroll deduct with the VA payroll department and/or with ACH payments through Tuition Express our accounting program. Tuition may be paid monthly and/or bi-

weekly. Tuitions are due in advance of the dates of service. However, we recommend for those who pay tuition monthly, you may need to pay weekly tuition instead of monthly for a short period. If you prefer an automatic payment, we will be happy to work with you. For the safety of the children, we do not accept cash.

#### **7. Will the operating hours of the center change?**

Not at this time. We will review the hours of operation to determine if they meet family needs.

#### **8. How can I expect the program to change?**

As a part of the transition we will evaluate any areas of the program that provide opportunities for improvement. From the information that we gather, we will develop a plan and timetable for implementation of any enhancements. As a company, we are extremely committed to the process of accreditation. We view accreditation as a means of validating that we are meeting the most stringent of national standards and as a way of assuring each of you that we consistently deliver the highest quality program possible.

TodayCare utilizes the *The Creative Curriculum*, published by Teaching Strategies. This award-winning curriculum for infants through Kindergarten helps teachers build children's confidence, creativity, and critical thinking skills. The components are rich with ideas and practical examples for teachers to use in their classroom experiences. Teaching Strategies has been an advocate for the early childhood education community for over 30 years. Its curriculum packages, assessment tools, and teacher training resources are used in many federal childcare programs – including Head Start and the Military Child Care programs – and in numerous pre-K programs within Public School Districts. Their resources are not only research-based, they are research-proven and validated by independent researchers.

Over the first few weeks and months following transition, we will introduce *The Creative Curriculum* to our staff via several training days and on-line tools. Parents will have opportunities to learn more about our learning philosophy and curriculum as well.

We will also install a new management software system. This system will enable you to sign your child in and out of the center using an App on your phone and clicking on a QR code. If there are any delays in implementing this system, we will provide a paper sign-in/out system for a short period.

Our mission is not to change things that are working well or are adequately meeting your needs, but rather to make additions that will positively impact the program. Each decision that we make is done with careful consideration to how it affects the parents, the teachers, and most importantly, the children. We will be sure to share with you all the wonderful things going on via update notes and info on the parent bulletin boards and the Kids App.

#### **9. Who do I go to if I have a question or concern?**

During the transition, you may continue to address your questions about the daily operations of the school to the Director just as you did before the announcement of the transition. However, we know that you will also have questions about the future operations of the school. As we begin this process of partnering together, we welcome your questions as an opportunity to share with you our passion, vision, and commitment to doing the right things for kids. Judy Simpson, Pres/COO and Jayne Goldstein, Regional Manager will be your main contact. If you have additional questions, you are invited to e-mail at: [jsimpson@todaycare.com](mailto:jsimpson@todaycare.com); [jgoldstein@todaycare.com](mailto:jgoldstein@todaycare.com)

**There are several policies that we have changed while addressing the current COVID19 pandemic and recommended safe practices for children and staff. A copy of both the Parent Handbook and the COVID19 Addendum to the handbook are available at the Center. They are also available on the Center's website -**

**Thank you in advance for this opportunity to partner with you at such a special time in the life of your family. We know how precious your child is and feel honored to be entrusted with providing for his/her care and education. We welcome this chance to be a part of your family and want to extend a warm welcome to you as you join our TodayCare family.**

**Website:** [www.todaycarechildrenscenters.com](http://www.todaycarechildrenscenters.com)

**Email:** [jsimpson@todaycare.com](mailto:jsimpson@todaycare.com)



@ Rainbow Learning Center, VA. Lebanon, PA

Dear Parent:

This is your Parent Admission/Commitment Agreement for childcare services.

Your signature on this form indicates that you have read and agree to abide by the Parent Admission Agreement. We look forward to having your child registered and using the services at **TodayCare at the HQS Social Security Child Development Center.**

Tuitions for all programs are listed below and will be in effect until a new Parent Admission Agreement is signed. You will be given 30 days written notice of a rate change. Tuition is due either monthly or bi-weekly.

**VA/Federal Employees**

	<b>Full Time Four or Five Days Per Month</b>	<b>Part Time Three Days Per Week</b>	<b>Part Time Two Days Per Week</b>	<b>Back-Up Care* (Per Day)</b>	
<b>Infants</b>					
Infants	\$1179/\$544	\$885/\$408	N/A		
<b>One Year Olds</b>					
Young Toddlers	\$1179/\$544	\$885/\$408	N/A		
<b>Two Year Olds</b>					
Older Toddlers	\$1088/\$502	\$810/\$374	\$652/\$301	\$65	
<b>Three &amp; Four Year Olds</b>					
Preschool	\$1019/\$470	\$767/\$354	\$613/\$283	\$65	

**Community Childcare**

	<b>Full-Time Four or Five Days Per Week</b>	<b>Part-Time Three Days Per Week</b>	<b>Part-Time Two Days Per Week</b>	<b>Back-Up Care* (Per Day)</b>	
<b>Infants</b>					
Infants	\$1283/\$592	\$963/\$444	N/A		
<b>One Year Olds</b>					
Young Toddlers	\$1283/\$592	\$963/\$444	N/A		
<b>Two Year Olds</b>					
Older Toddlers	\$1183/\$546	\$888/\$410	\$710/\$328	\$75	
<b>Three &amp; Four Year Olds</b>					
Preschool	\$1127/\$520	\$845/\$390	\$676/\$312	\$75	

Full time School Age Care for all age groups is \$225 per week. \*Back-Up Care – when available Before & After School Age Care is \$126 per week. Multiple children families-the oldest child receives a 5% discount.

Tuition is due in advance on the 25<sup>th</sup> of the previous month and/or on Friday before the next two weeks if paying Biweekly. Tuition that is not paid before 9am on Monday is considered late and will be assessed a \$10 per day late Fee. Tuition may be paid via VA payroll deduct, ACH withdrawals and/or checks. The annual registration fee is \$100 per family.

My child's name: \_\_\_\_\_ Age \_\_\_\_\_

My child's tuition is \$ \_\_\_\_\_ for \_\_\_\_\_ days a week. My month and/or biweekly

Tuition is \$ \_\_\_\_\_ .

My child will begin care on \_\_\_\_\_ .

**My child's schedule will be:**

Full time 4/5 days per week \_\_\_\_\_ Drop Off Time\*: \_\_\_\_\_ Pick Up Time\* \_\_\_\_\_  
(Indicate days of the week)

3 days per week \_\_\_\_\_ Drop Off Time\* \_\_\_\_\_ Pick Up Time\* \_\_\_\_\_  
(Indicate days of the week)

2 days per week \_\_\_\_\_ Drop Off Time\* \_\_\_\_\_ Pick Up Time\* \_\_\_\_\_  
(Indicate days of the week)

\*Must be actual times – 6:30 to 5:30 is not acceptable.

The Pennsylvania Dept of Human Resources (CCL) shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provision for private interviews with any children or staff member, and for the examination of all records relating to the operation of the child care center. The CCL department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, and inappropriate placement.

**Please return your completed form and check to the Center Director. You will be given a copy of the signed Form.**

**Printed name of Parents:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director's Signature**

\_\_\_\_\_  
**Date**





TodayCare  
Children's Center

## School Supply List

**Please bring all supplies with you on your child's first day. Please remember to label everything you can!**

### **Infants**

- \* Diapers
- \* Wipes
- \* Diaper Cream
- \* Bottles (enough to get through the day plus one extra)
- \* Formula or breast milk
- \* Any food the child is eating
- \* Pacifier
- \* Two extra sets of clothing

### **Young Toddlers**

- \* Diapers
- \* Wipes (2 to start)
- \* Diaper Cream
- \* 2 Sippy cups-send filled daily
- \* Pacifier if applicable
- \* Two extra sets of weather appropriate clothing
- \* Lunch box (include breakfast, lunch, snack, and drinks)
- \* Sunscreen
- \* Bug Spray (optional)

Lunch box and water bottles must be capable of being sanitized.

### **Older Toddlers**

- \* Diapers
- \* Pull ups with detachable sides
- \* Wipes
- \* Water bottle - 2 daily
- \* Two sets of weather appropriate clothing
- \* Lunch box (include breakfast, lunch, snack, and drinks)
- \* Backpack
- \* Sunscreen
- \* Bug Spray (optional)

Lunch box and water bottles must be capable of being sanitized.

**Preschool/KPrep**

- \* Water bottle - 2 filled daily
- \* Two extra sets of clothing (including socks)
- \* Lunch box (include breakfast, lunch, snack, and drinks)
- \* Backpack
- \* Sunscreen
- \* Bug spray (optional)

Lunch box and water bottles must be capable of being sanitized.

**Optional Supplies that may be brought in with your child** (we will be providing the storage containers to put these items in)

- \* Crayons
- \* Washable Markers
- \* Colored Pencils
- \* Glue Stick
- \* Small container of Playdoh

## Developmental History for Elementary School Children

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Your child's preferred nickname: \_\_\_\_\_

Important People in your child's life: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Do you have a family pet? \_\_\_\_\_ Pets name: \_\_\_\_\_

Child's responsibility: \_\_\_\_\_

2. Describe your child's eating habits: \_\_\_\_\_

\_\_\_\_\_

3. Do you have any concerns about your child's diet? \_\_\_\_\_

\_\_\_\_\_

4. What are your child's favorite foods? \_\_\_\_\_

\_\_\_\_\_

5. Are there any non-favorite foods? \_\_\_\_\_

\_\_\_\_\_

6. Does your child have any allergies? \_\_\_\_\_

7. Describe your child's general health. \_\_\_\_\_

\_\_\_\_\_

8. What kind of active play does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

9. Does your child, or your household use a second language? \_\_\_\_\_

If yes, what language? \_\_\_\_\_

Key words we should know: \_\_\_\_\_

10. Do you have any concerns about your child's speech or hearing? \_\_\_\_\_

\_\_\_\_\_

11. How would you best describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

12. Does your child have any particular fears? \_\_\_\_\_

\_\_\_\_\_

13. How does your child relate to his/her siblings? \_\_\_\_\_

\_\_\_\_\_

14. How does your child react to non-familiar adults? \_\_\_\_\_

\_\_\_\_\_

15. How do you set limits with your child? \_\_\_\_\_

\_\_\_\_\_

16. What are your child's feelings about school? \_\_\_\_\_

\_\_\_\_\_

17. Are there any changes or special events taking place in your child's life that we should know about? \_\_\_\_\_

\_\_\_\_\_

18. Is there anything else you would like to tell us about your child or family?

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Developmental History for Infants

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Your child's preferred nick name: \_\_\_\_\_

Important people in your child's life: \_\_\_\_\_

\_\_\_\_\_

1. Do you have a family pet? \_\_\_\_\_ Pet's name: \_\_\_\_\_

2. What is your child's current sleeping schedule?

Morning Wake-up: \_\_\_\_\_ Evening Bedtime: \_\_\_\_\_

Daily Naps: \_\_\_\_\_

Does your child have a special routine for getting ready for nap? Ex:

Pacifier: \_\_\_\_\_

3. Is your child sleeping through the night?

\_\_\_\_\_

4. What does your child find soothing or comfortable?

\_\_\_\_\_

5. How does your child react to strangers?

\_\_\_\_\_

6. What upsets or frightens your child?

\_\_\_\_\_

7. How would you best describe your child's personality?

\_\_\_\_\_

8. Is your child using a trainer cup, bottle or both?

\_\_\_\_\_

9. Are you breast feeding your child?

\_\_\_\_\_

10. Are you feeding your child breast milk, formula, or whole milk?

\_\_\_\_\_

11. What times is your child eating each day?

\_\_\_\_\_

12. How many ounces is your child receiving at each feeding?

\_\_\_\_\_

13. Are there any special instructions concerning bottle feeding with your child?

\_\_\_\_\_

14. Is your child on table food or baby food?

---

15. What are some of your child's favorite foods?

---

16. Where does your child spend his/her waking hours? Ex. Crib, floor, swing, etc.

---

17. What activities or toys make your child happy?

---

18. How is your child's general health?

---

19. Does your child have any allergies?

---

20. Are there any changes or special events taking place in your child's life?

---

21. Use this space if you wish to share any other information about your child.

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Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Developmental History for Preschoolers

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Your child's preferred nick name: \_\_\_\_\_

Important people in your child's life: \_\_\_\_\_

\_\_\_\_\_

1. Do you have a family pet? \_\_\_\_\_ Pet's name: \_\_\_\_\_

2. What is your child's current sleeping schedule?

Morning Wake-up: \_\_\_\_\_ Evening Bedtime: \_\_\_\_\_

Daily Naps: \_\_\_\_\_

3. Describe your child's eating habits:

\_\_\_\_\_

4. Do you have any concerns about your child's diet?

\_\_\_\_\_

5. What utensil does your child prefer to use?

\_\_\_\_\_

6. What are your child's favorite foods?

\_\_\_\_\_

7. Are there any non-favorite foods?

\_\_\_\_\_

8. Does your child have any allergies?

\_\_\_\_\_

9. Please describe your child's toilet training to date:

\_\_\_\_\_

\_\_\_\_\_

10. Does your child wear a pull-up at nap time?

\_\_\_\_\_

11. Describe your child's general health?

\_\_\_\_\_

12. What kind of active play does your child enjoy?

\_\_\_\_\_

13. Does your child, or your household use a second language?

If yes, what language? \_\_\_\_\_

Key words that we should know: \_\_\_\_\_

\_\_\_\_\_

14. Do you have any concerns about your child's speech or hearing?  
\_\_\_\_\_
15. How would you best describe your child's personality?  
\_\_\_\_\_
16. Does your child have any particular fears?  
\_\_\_\_\_
17. How does your child relate to his/her siblings?  
\_\_\_\_\_
18. How does your child react to non-familiar adults?  
\_\_\_\_\_
19. How do you set limits with your child?  
\_\_\_\_\_
20. What are your child's feelings about school?  
\_\_\_\_\_
21. Are there any changes or special events taking place in your child's life that we should know about?  
\_\_\_\_\_  
\_\_\_\_\_
22. Is there anything else you would like to tell us about your child or family?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Developmental History for Toddlers

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Your child's preferred nick name: \_\_\_\_\_

Important people in your child's life: \_\_\_\_\_

\_\_\_\_\_

1. Do you have a family pet? \_\_\_\_\_ Pet's name: \_\_\_\_\_

2. What is your child's current sleeping schedule?

Morning Wake-up: \_\_\_\_\_ Evening Bedtime: \_\_\_\_\_

Daily Naps: \_\_\_\_\_

Does your child have a special routine for getting ready for nap? Ex:

Pacifier: \_\_\_\_\_

3. Is your child sleeping through the night?

\_\_\_\_\_

4. What does your child find soothing or comfortable?

\_\_\_\_\_

5. How does your child react to strangers?

\_\_\_\_\_

6. What upsets or frightens your child?

\_\_\_\_\_

7. How would you best describe your child's personality?

\_\_\_\_\_

8. Is your child using a trainer cup, bottle or both?

\_\_\_\_\_

9. Is your child drinking whole milk?

\_\_\_\_\_

10. Please list some of your child's favorite foods.

\_\_\_\_\_

11. What toys and activities make your child happy?

\_\_\_\_\_

12. How would you describe your child's general health?

\_\_\_\_\_

13. Has your child begun toilet training?

\_\_\_\_\_

14. If yes, please describe your child's routine.

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15. What does your child call his/her:

Bowel Movement: \_\_\_\_\_ Urination: \_\_\_\_\_

16. Does your child have any allergies?

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17. Are there any changes or special events taking place in your child's life?

18. Use this space if you wish to share any other information about your child.

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Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_