

# Creative Critters Learning Center



## Infant Developmental History

Today's Date:

Child's Full Name:

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## Health

1. Is your child currently taking any medication? Yes or No

If yes, what?

Why?

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2. What arrangements have you made for the care of your child should he/she become ill at the center?

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3. Does your child have any special needs or disabilities?

Yes or No

If yes, please describe:

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4. Has your child ever been hospitalized?

Yes or No

If yes, please describe:

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5. Does your child climb on unusual things such as cribs, window ledges or hair?

Yes or No

If yes, describe:

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6. Has your child had any of the following? ( Please Circle.)

Premature birth

Trouble breathing at birth

Birth injury/ Defect

Head Injury

Convulsions/Seizures

Allergies (including eczema, hives, drug, food intolerance, hay

fever, wheezing, asthma, insect stings)

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# Creative Critters Learning Center



## Toddler Developmental History

Today's Date:

Child's Full Name:

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### Health

1. Is your child currently taking any medication? Yes or No

If yes, what?

Why?

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2. What arrangements have you made for the care of your child should he/she become ill at the center?

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3. Does your child have any special needs or disabilities?

Yes or No

If yes, please describe:

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4. Has your child ever been hospitalized?

Yes or No

If yes, please describe:

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5. Does your child climb on unusual things such as cribs, window ledges or hair?

Yes or No

If yes, describe:

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6. Has your child had any of the following? ( Please Circle.)

Premature birth

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Birth injury/ Defect

Head Injury

Convulsions/Seizures

Allergies (including eczema, hives, drug, food intolerance, hay

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