Creative Critters Learning Center



Infant Developmental History

Today's Date:	Child's Full Nam	e:
Health		
1.ls your child currently	y taking any medication? Yes o	r No
If yes, what?	Why?	
2. What arrangements center?	s have you made for the care of y	our child should he/she become ill at the the
3. Does your child hav	e any special needs or disabilitie	s? Yes or No
If yes, please describe	::	
4. Has your child ever b	peen hospitalized?	Yes or No
If yes, please describe:		
5. Does your child on u	inusual things such as cribs,winc	low ledges or hair?
Yes or No		
If yes, describe:		
6. Has your child had a	ny of the following? (Please Circ	le.)
Premature birt	h Trouble breathin	ng at birth
Birth injury/ De	efect Head Injury	
Convulsions/Se	eizures Allergies (includin	g eczema,hives,drug,food intolerance,hay
	fever,wheezing,asth	ma,insect stings)

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Toddler Developmental History

Today's Date:	Child's Full Name:	
Health		
1.Is your child currently takin	any medication? Yes or No	
If yes, what?	Why?	
2. What arrangements have center?	ou made for the care of your child should he/she become ill at th	e the
3. Does your child have any	pecial needs or disabilities? Yes or No	
If yes, please describe:		
4. Has your child ever been h	spitalized? Yes or No	
If yes, please describe:		
5. Does your child on unusua Yes or No	things such as cribs,window ledges or hair?	
If yes, describe:		
6. Has your child had any of t	e 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)