



Bethany Lutheran Child Development Center

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Developmental Form – Preschool and Pre-K

Child's Name: _____ Birth date: _____ Today's Date: _____

Name your child uses: _____

Church your family attends: _____

Language English Spanish Other _____ Ability: words sentences

Medications taken regularly? no yes (list) _____ Seizures no yes

Physical limitations: none yes (list) _____

Allergies: none yes (list) _____

Any serious illnesses, accidents or hospitalization? no yes (list) _____

Does your child nap regularly? no yes When and for how long? _____

Will your child let us know when he/she needs to use the restroom? no yes

What is your child's word for urination? _____ For bowel movements? _____

By nature is your child: outgoing? active? shy? quiet? aggressive? withdrawn?

Is your child frightened by: Animals? Dark? Storms? Loud Noises? Other

Does your child enjoy being alone? yes no

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

How do you relate to your child when he/she is:

Upset? _____

Angry? _____

Happy? _____

Please give us any additional information that might help us care for your child: _____

What would you like for your child to gain from this program? _____

My child has never had an episode where he /she was unresponsive, seizures, unconscious, stopped breathing, or where his/her heart stopped.

Signature: _____ Date: _____