

Child Information Form

Child's \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Birthday \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Scheduled days to attend \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Name and age of brother (s)

Name and age of sister (s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been cared for by anyone other than parents? \_\_\_\_\_

Has your child previously attended a day care center? \_\_\_\_\_

Does your child use the restroom independently? \_\_\_\_\_

Does your child need help dressing or undressing? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_

Does your child dislike any particular foods? \_\_\_\_\_

Does your child require any special medical care?

Explain \_\_\_\_\_

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

Does your child have a history of physical impairment?

visual impairment? \_\_\_\_\_ speech problems? \_\_\_\_\_ hearing impairment? \_\_\_\_\_

Explain \_\_\_\_\_

Current prescribed medication

\_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

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**Play Experiences**

Favorite games \_\_\_\_\_

Favorite toys \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outdoors \_\_\_\_\_

With other children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Books \_\_\_\_\_

Favorite TV show \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_