

Child Name (Last, First, Middle)

Social Security No*

Enrollment Date

Date of Birth

Street Address (if rural, attach directions)

City

County

Zip Code

Mailing Address (if different)- Street or P.O. Box

City

County

Zip Code

Phone No (Include A/C)

* If applicable

1. Health

Does your child have any allergies?

Yes No

If so, what allergies does your child have?

How should we respond if he/she has an allergic reaction?

Does your child have an existing illness?

Yes No

Has your child has a previous serious illness or injury, or hospitalization during the past 12 months?

Yes No

Is your child taking any medication?

Yes No

If so, how is the medication administered, and will it need to be administered while he/she is in care?

Is the medication prescribed for continuous use?

Yes No

Are there any side effects we should be alerted to?

Yes No

2. Toileting

Does your child need assistance with toileting?

Yes No

How can we best help?

What are your ideas about toilet training?

How can we best help?

3. Behavior

Does your child have any special fears?

Yes No

How does your child communicate his/her needs?

Are there any special words that your child uses that might not be readily recognized?

How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?

When your child gets upset, what helps him/her calm down?

What is a good way to distract your child when he/she is having a temper tantrum?

Are there any particular routines that are particularly helpful at naptime?

What position is most comfortable for your child while he/she is napping?

4. Eating Preferences

What are your child's favorite foods?

Does your child use utensils, eat with fingers, feed self?

Does your child choke easily while eating?

Yes No

5. Activities

What activities do you like to do with your child?

What activities does your child like to do when playing with other children?

What does your child like to do when he is playing alone?

6. Family History

Tell me about your family (i.e. child's parents, siblings, grandparents,

I verify that the above assessment was discussed with the parent(s) of

Signature of Director

Date Signed

I verify that the director appropriately relay the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments: