

CHILD INFORMATION FORM



Chatting with very young children about people, animals, or activities they love is a very helpful way for us to get to know them and to make it easier for them to settle in. Please indicate some information that will give us some good conversation starters!

Child's name: _____
 Favorite relatives or friends: _____
 Name of pets: _____
 Favorite games or activities: _____
 Favorite toy: _____
 Has your child been cared for by anyone other than parents? _____
 Has your child been in a childcare center/preschool before? _____ Where? _____
 Does your child use the restroom independently? _____
 Does your child take a nap? _____ For how long? _____ At what time (s)? _____
 Does your child dislike any particular food? _____
 Does your child have any special fears? _____
 Does your child attend any special programs/therapies? _____
 Does your child require any special medical care? _____
 Does your child have any allergies? _____ Please specify: _____

MEDICAL HISTORY: (Please check if applicable)

	YES	NO		YES	NO
Bronchitis			Primary Complex		
Whooping cough			Dengue		
Rubella			Vision Impairment		
Chicken pox			Hearing Impairment		
Mumps			Eye Infection		
Measles			Ear Infection		
High Fever/Convulsion			Speech delays		

Any existing illness? Yes _____ No _____ If yes, please explain. _____

Any previous illness or injuries? Yes _____ No _____ If yes, please explain. _____

Any hospitalization during the past 12 months? Yes _____ No _____ If yes, please list them. _____

Any medication that is long term continuous use? Yes _____ No _____ If yes, please list them. _____

Any restrictions on normal physical activities? Yes _____ No _____ If yes, please explain. _____

Parent's Signature: _____ Date: _____