

Child Care Center		Today's Date <small>(mm/dd/yyyy)</small>		
CHILD Information				
Legal Name: Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Gender
HEALTH Information				
Does the 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 had a previous serious illness or injury, or hospitalization during the past 12 months?				
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		
TOILETING Information				
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?				
BEHAVIOR Information				
Does your child have any special fears?	Yes	No		
How does your child communicate his/her needs?	Yes	No		
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 when he/she is napping?				
EATING PREFERENCES Information				
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		

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ACTIVITIES Information				
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?				
FAMILY HISTORY Information				
Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)				
ADDITIONAL COMMENTS				