

Child Information Form

Child's Name _____ Nickname _____

Birthday _____ Age _____ Scheduled days to attend _____

Address _____

Phone _____ Cell phone # _____

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 have any special fears? _____

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 _____

Play Experiences

Favorite games

Favorite toys

Outdoors	With other children
Books	Favorite TV show

Parent Signature _____ Date _____

Parent Signature _____ Date _____