



CHILD INFORMATION SHEET

CHILD'S NAME _____ NICKNAME _____

AGE _____ BIRTHDAY _____

SCHEDULED DAYS TO ATTEND M T W TH FR

NAMES & AGES OF BROTHERS & SISTERS _____

HAS YOUR CHILD BEEN CARED FOR BY ANYONE OTHER THAN PARENTS?

HAS YOUR CHILD PREVIOUSLY BEEN IN A DAYCARE
CENTER? _____

DOES YOUR CHILD USE THE RESTROOM INDEPENDENTLY? _____

DOES YOUR CHILD NEED HELP DRESSING/UNDRESSING? _____

DOES YOUR CHILD HAVE ANY SPECIAL FEARS? _____

IMPORTANT INFO ON REVERSE SIDE

DOES YOUR CHILD REQUIRE SPECIAL MEDICAL CARE? _____

PLEASE EXPLAIN _____

DOES YOUR CHILD HAVE ALLERGIES? _____

DOES YOUR CHILD HAVE A HISTORY OF PHYSICAL IMPAIRMENT? _____
_____ VISUAL IMPAIRMENT? _____

SPEECH? _____ HEARING? _____

CURRENT PRESCRIBED MEDICATIONS? _____

DOCTOR'S NAME _____ PHONE _____

IS YOUR CHILD? ___LEFT-HANDED ___RIGHT-HANDED

IS THERE ANY ADDITIONAL INFO THAT IS IMPORTANT FOR US TO KNOW YOUR
CHILD? _____

PARENT SIGNATURE _____

DATE _____