

General Information

Has your child had previous experience in childcare?    Yes    No

Name of care \_\_\_\_\_ \_How long? \_\_\_\_\_

Reason for requesting childcare? \_\_\_\_\_

Information concerning your child which will help us provide better care

Play \_\_\_\_\_

Eating habits & schedule \_\_\_\_\_

Sleeping habits & schedule \_\_\_\_\_

Fears, likes & dislikes \_\_\_\_\_

Special words & their meanings \_\_\_\_\_

Does your child have any allergies?    Yes (Please list) \_\_\_\_\_    No

Are allergies or other health problems serious enough to restrict your child's activities?    Yes    No

Other Pertinent Information

Current Medications \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

Chronic Illnesses \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

What hospital do you prefer? \_\_\_\_\_ Phone \_\_\_\_\_

Child's Insurance \_\_\_\_\_ Group# \_\_\_\_\_ Member# \_\_\_\_\_

Who is authorized to pick up your child beside yourself?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Other children in the household

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_