

Child Information Form

Child's Name: _____ D.O.B. _____

Child's Address: _____

What name do you want us to use on name tags, etc.? _____

Mother's Name: _____

Mother's Address: _____

Father's Name: _____

Father's Address: _____

Siblings

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Child ever been temporarily cared for by anyone other than parents? _____

Previously attended day care/preschool/play groups/etc.? _____

Does your child use the restroom independently? _____

Is your child able to zip? _____ button? _____

Does your child have any special fears? _____

Does your child have separation anxiety? _____

Does your child have any physical limitations? (hearing, vision, speech, etc.)

Does your child require any special medical care? _____

Please explain: _____

Does your child have any allergies (food or other)? _____

Is your child left or right handed? _____

Was your child born prematurely? _____

Is there anything else you would like us to know about your child? (Favorite things and/or any special stresses at home?) _____

Parent Signature: _____ Date: _____