

Child Care History and Family Background:

Does your child have any experience in a group situation? Yes:___ No:___
If yes, please describe: _____

Family Name: _____

<u>Name of siblings:</u>	<u>Age:</u>	<u>Sex:</u>	<u>Other members of household:</u>	<u>Relationship to child:</u>
1. _____	_____	_____	1. _____	_____
2. _____	_____	_____	2. _____	_____
3. _____	_____	_____	3. _____	_____
4. _____	_____	_____		

Health & Medical Information

Date of last medical examination: _____ (Day/month/year)
Has your child any known health problems? Yes:___ No:___
If yes, please describe in detail: _____

(If you do not have enough room please use another piece of paper.)

Does your child have any allergies? Yes:___ No:___
If yes, please provide instructions regarding food and/or materials to avoid and procedures to follow in the event of an allergic attack: _____

(If you do not have enough room please use another piece of paper.)

Permission to call an ambulance if needed: _____
(parent/guardian signature)

A Little Information About Your Child:

Does he/she have any fears that we should now about? _____
Words that you use to for "going to the bathroom": _____

Is English his/her first language? Yes: ___ No: _____
If no, what language(s) does he/she speak? _____
Does your child have a basic understanding of the English language? Yes: ___ No: ___

Do you have any concerns that we should know about? Yes:___ No: _____
If yes, please explain: _____
