

DOES CHILD HAVE FREQUENT COLDS? YES
NO

HOW MANY IN LAST YEAR? LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*

HOURS?

DOES CHILD SLEEP DURING THE DAY?*

DIET PATTERN:
(What does child usually eat for these meals?)

WHAT ARE USUAL EATING

WHAT TIME DOES CHILD GO TO BED?*
WHEN?*

BREAKFAST

LUNCH

DINNER

DOES CHILD SLEEP WELL?*

HOW LONG?*

BREAKFAST

LUNCH

DINNER

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED? YES
NO

IF YES, AT WHAT STAGE:*

ARE BOWEL MOVEMENT REGULAR? YES NO

WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"* WORD USED FOR URINATION* PARENT

/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? YES NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION? YES NO IF YES, WHAT KIND AND ANY SIDE EFFECTS:	YES NO
DOES CHILD USE ANY SPECIAL DEVICE(S)? YES NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? IF YES, WHAT KIND:	

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS?

(EXPLAIN.) WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE DATE