CHILD DATA APPLICATION

Child's Name _____ Date _____ Birthdate _____

1. What would you like most for your child to experience with us? _____

   _____

   _____

2. What does your child enjoy doing the most? _____

   _____

   _____

3. In addition to yourself, who also cares for your child? _____

   _____

   _____

4. Does your child have any medical or physical needs? Explain: _____

   _____

   _____

5. Does your child have any allergies and/or dietary restrictions? If so, does your child need an EPI Pen or other medication? Explain: _____

   _____

6. Does your child have Hay fever, Asthma or Wheezing? If so, does your child need a Nebulizer or Inhaler? _____

   _____

   _____

7. What foods does your child like best? _____

   _____

8. What is your child's sleeping arrangements? Check appropriate items:

   ___ own room, ___ shares room ___ sleeps in crib ___ sleeps in bed.

9. Does your child take naps? _____ How long? _____

-Please turn over for more questions-

10. Does your child need a favorite item, such as a blanket or toy, for a nap? _____
    If so, does he/she have a special name for it? _____
11. What words are spoken in your home for toileting? _____
12. How does your child express anger or react to frustration? _____
    _____
13. Does your child have any particular fears? _____
    _____
14. How does your child react to change, such as being left by parents? _____
    _____
15. What are your child's play preferences: creative, dramatic or construction? _____
    _____
16. List the ages and gender of children with whom your child plays with outside of school: _____
17. How do you discipline your child? _____
    _____
18. When did your child begin to use language? _____
19. Has your child had previous school or camp experience? If yes, please list names of schools and/or camps. _____
    _____
    _____
    If yes, was the experience favorable? _____
20. How many hours on a weekly basis is your child permitted to watch television? _____
21. Is there anything else in your child's experience you would like to tell us so that we can better meet your child's needs? _____
    _____
    _____

Parent's signature _____ Date _____

INFORMATION REVIEWED/UPDATED

Initials/Date	Initials/Date	Initials/Date	Initials/Date	Initials/Date	Initials/Date