

<b>Child Name (last, first, middle)</b>	<b>Social Security No.*</b>	<b>Enrollment Date</b>	<b>Date of Birth</b>
<b>Street Address (if rural, attach directions)</b>	<b>City</b>	<b>County</b>	<b>Zip</b>
<b>Mailing Address (if different) -- Street or P.O. Box</b>	<b>City</b>	<b>County</b>	<b>Zip</b>
<b>Telephone No. (include A/C)</b>			

\* If applicable.

## 1. Health

Does your child have any allergies?	Yes	No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	Yes	No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	Yes	No
Is your child taking any medication?	Yes	No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	Yes	No
Are there any side effects we should be alerted to?	Yes	No

## 2. Toileting:

Does your child need assistance with toileting?	Yes	No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

## 3. Behavior:

Does your child have any special fears?	Yes	No
How does your child communicate his/her needs?	Yes	No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		
What position is most comfortable for your child when he/she is napping?		

