

Country Kids Childcare

TO BE FILLED OUT BY CHILD'S PARENT:

Child's name: _____ Address _____ DOB _____

1. What foods does your child especially like? _____
2. Especially dislike? _____
3. Favorite toys, games, activities? _____
4. Is your child toilet trained? yes/no What word does your child use for potty? _____
5. How does your child express anger or frustration? _____
6. Does your child have any special fears? If yes explain _____
7. When your child is upset what helps to comfort him/her? _____
8. Has your child been taking an afternoon nap? _____ If so how long (hours)? _____
9. Do they need a special toy or blanket for nap? _____
10. Any special family situations? (such as custody specifications, etc.) _____
11. Any anticipated adjustment problems? _____
12. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____
13. Previous childcare child has attended? (name & number) _____
14. Reasons for leaving previous childcare? _____
15. Any problems at previous daycares? _____
16. Expectations of Country kids Childcare? _____

HEALTH HISTORY:

1. Last physical exam? _____
2. Any known food allergies? _____
3. Has your child had peanut butter or any peanut products yet? _____
4. Any known medicine allergies? _____
5. Illnesses: (Please circle)
Does your child have problems with any of these?
Constipation, Lice, Convulsions, Ring Worm, Diarrhea, Skin Rash, Fainting Spells,
Nose Bleeds, Soiling, Frequent Colds, Stomach Upsets, Frequent Ear Infections,
Urinary Problems, Frequent Sore Throats, Worms, Asthma, Allergies, Bronchitis,
Pneumonia, Chicken Pox, Diabetes, Heart Problems, Hepatitis, impetigo?
6. Any other illnesses besides above? _____
7. Has your child been hospitalized for an illness? _____

REFERRAL SOURCES: (Please check all that apply)

- Advertisement on bulletin board
- Drive by sign
- Parent referral (name) _____
- Newspaper advertisement
- Dept of Human Resources

- o SCLDA Referral service (Bonnie)