**CONFIDENTIAL CHILD INFORMATION FORM**
**CHILD DEVELOPMENT CENTER**

**Date**_____ **Center**_____ **Terminated**_____

Name of Child_____ Sex_____
Last First Middle

Name Child Prefers_____ Birthdate_____ Age_____

**Parent/Guardian**
Name_____
Social Security #_____
Date of Birth _____
Home Address_____
_____
Home Phone_____
Occupation_____
Employer_____
Address_____
_____
Work Phone_____
Work Schedule_____

**Parent/Guardian**
Name_____
Social Security #_____
Date of Birth _____
Home Address_____
_____
Home Phone_____
Occupation_____
Employer_____
Address_____
_____
Work Phone_____
Work Schedule_____

Parents' Marital Status_____
Does Child reside with someone other than parent/guardian? _____
If so, whom? _____ Phone_____
Address_____

Persons other than parents/guardians to contact in case of emergency:

| Name | Address | Phone |
|---|---|---|
| | | |
| | | |
| | | |

Individuals authorized to pick up child_____

Pediatrician_____ Phone_____
Address_____ Office Hours_____

## MEDICAL BACKGROUND HISTORY

1. Does your child have any history of medical problems, serious illness or accidents? _____
Please describe:_____

2. Is he/she currently under a physician's care for the above illness/condition or any other reason?_____
Please describe: _____

3. Does your child take any medication or vitamins regularly? _____ Medication_____
Dosage_____ Purpose_____

4. Hearing: Does child have frequent ear infections? _____ Tubes in ears? ____ Do you feel he/she hears adequately? _____ If not, please describe: _____

5. Vision: Does child wear glasses? _____Do you feel he/she sees adequately? _____
If not, please describe: _____
Has his/her vision been tested? _____Date_____Was this by a specialist?_____
If so, who? _____Place:_____
Results: _____

6. Does your child have any food or nonfood allergies?_____
Please describe: _____
Are there any dietary restrictions? _____What?_____
Does child have any medical needs? (e.g. orthopedic devises)_____Please describe: _____

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## DEVELOPMENTAL AND SOCIAL HISTORY

1. Does your child have any history of developmental disabilities, such as delayed speech, motor development, walking, etc? If so, please describe: _____

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2. Does your child speak and understand English? _____If not, please describe _____

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3. Please describe any help you child presently needs for:
toileting (day/night) _____
dressing _____
eating _____
washing _____

4. Does your child routinely take a nap? _____Do you wish your child to take a nap here? _____
How long? _____

5. Does your child play and interact with other children and adults? _____
If not, please describe any difficulties of which you are aware: _____

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6. Briefly describe what your child is like so that we can better understand him/her: _____