



Child Information Form

CK PARENTS DAY OUT

Date _____

Name of child _____

Child's birthday _____ / _____ / _____

Place of birth _____

Name child goes by _____

Name(s) and ages(s) of siblings _____

Child lives with _____

PARENTS

NAME OF MOTHER _____

Address _____ Zip _____

Employer _____

Work hours _____ Work phone _____

Email _____ Cell phone _____

NAME OF FATHER _____

Address _____ Zip _____

Employer _____

Work hours _____ Work phone _____

Email _____ Cell phone _____

HOME CHURCH _____

SPECIAL CONCERNS

Food allergies _____

Environmental allergies _____

Craft materials child may be allergic to _____

Physical limitations _____

Motor skill difficulties _____

Hearing concerns _____ Speech concerns _____

Vision problems _____ Attention Deficit/Hyperactivity _____

Please list any medications regularly taken by your child _____

Explain _____

Is there any special information you would like us to know about your child?

SOCIAL HISTORY

How would you describe your child?

Active Quiet Friendly Shy

Other (Please list/explain) _____

Has your child experienced any problems in the following areas? If so, please explain.

Eating _____

Sleeping _____

Elimination _____

Discipline _____

Speech/Hearing/Vision _____

Biting Others _____

Aggressiveness _____

Separation Anxiety _____

EVENTS

Has your child had any of the following experiences in the past year?

- | | | |
|---|---------------------------|--------------------------|
| Birth of another child in the family | <input type="radio"/> YES | <input type="radio"/> NO |
| Moving residence | <input type="radio"/> YES | <input type="radio"/> NO |
| Changing schools | <input type="radio"/> YES | <input type="radio"/> NO |
| Serious illness of child or family member | <input type="radio"/> YES | <input type="radio"/> NO |
| Death in family | <input type="radio"/> YES | <input type="radio"/> NO |
| Divorce of parents | <input type="radio"/> YES | <input type="radio"/> NO |

Other _____

Special Concerns

If parents are divorced, who has custody? _____

List anyone who does **NOT** have permission to pick up your child. If parent, please provide court/legal documents.

GENERAL CHARACTERISTICS

Height _____ Weight _____ Hair Color _____ Eye Color _____ Sex: M / F

Birthmark or other distinguishing features:

HEALTH HISTORY

Was the child full-term or premature? _____

Were there any complications before, during, or after pregnancy?

Low birth weight? Yes No

List any prescription meds the child takes regularly _____

CIRCLE ANY APPLYING TO YOUR CHILD

Hospitalized	Tested positive for tuberculosis
Asthma or wheezing	Heart monitor
Allergies to medications	Had worms
More than two ear infections in a year	Contact with TB
Heart murmur	Seizures or shakes
Burning during urination	Tonsillitis
Kidney or bladder infections	Tics

IS YOUR CHILD (circle all that apply)

Taking medication	Having vision problems
Able to play as hard as others	Hemophiliac (free bleeder)
Usually happy	

DOES YOUR CHILD (circle all that apply)

Have ear tubes	Scratch bottom or have sensitive bottom
Get along with other children	

Special medical concerns

Is your child potty trained (able to use the bathroom unassisted)? Yes No

Last Visit to Doctor: _____ / _____ / _____

BACKGROUND INFORMATION

Did your child attend any other early childhood program prior to now?

Yes No

If so, where? _____

When? _____

What are some ways your child plays at home?

Does your child usually get his/her own way with other children?

Yes No

If not, what is his/her reaction?

What are your child's favorite activities?

What activities does your child dislike?

What are your child's favorite foods?

Are there foods he/she dislikes? If so, please explain.

How can we best help your child in this program?

EMERGENCY CONTACTS AND AUTHORIZED ADULTS

Please List Your Emergency Contacts in order of priority.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please List Additional Adults Authorized to pick up your child.

Approved persons must be 18 years or older. Must show an ID when picking up.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please List Adults NOT Authorized to pick up your child. If you list a parent, a court order/legal document must be provided denying the parent access.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Updated: July 2023