In order for us to provide quality care for your child, we need to understand a bit about your child’s developmental history (as of the date of filling out the form). Feel free to write in as much information as you like. Use the reverse side of this form if necessary.

**ACTIVITIES**

Please list your child’s favourite toys and activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you consider your child’s activity level: Normal\_\_\_ Tends to get hyper\_\_\_ Prefers quiet activities\_\_\_

 Prefers outdoors \_\_ Prefers Indoors\_\_\_

**HEALTH**

Regular Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies and Sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Other Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunization Record: \*Please provide copy\*

Date of Last Immunization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last vision date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last hearing date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last physical examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Health Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child will need the following special previsions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything we should know about your child’s physical or mental health: YES \_\_ NO \_\_

If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been hospitalized? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any injuries with fractures or loss of consciousness? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have problems with (circle all that apply):**

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Skin Rash Ringworm Stomach Upsets Lice Worms Sore Throats Ear Infections

**Has your child had any of these diseases (circle all that apply):**

Asthma Bronchitis Chicken Pox German Measles Measles Hepatitis Impetigo Diabetes Heart Disease Scarlet Fever Mumps Polio Whooping Cough

**SLEEPING HABITS**

Does your child nap: YES\_\_\_ NO\_\_\_ Regular nap-time schedule? YES\_\_\_ NO \_\_\_ At what time? \_\_\_\_\_\_\_\_\_

Does your child have a favourite toy/blanket that he/she likes to sleep with: YES \_\_\_ NO\_\_\_

Elaborate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOILET HABITS**

Is your child toilet trained: YES \_\_\_ NO\_\_\_\_

What word does your family use for urination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For bowel Movements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have accidents: YES\_\_\_\_ NO\_\_\_\_

If yes, please explain how you handle this: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child wear diapers during nap-times: YES \_\_\_\_ NO\_\_\_\_

**ADJUSTMENT**

Do you expect any adjustment difficulties when your child begins care? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Child Care attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any problems at previous childcare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SOCIAL DEVELOPMENT**

Is your child used to playing with other children: YES\_\_\_\_ NO \_\_\_\_

Does your child have trouble separating from you when being dropped off? YES \_\_\_\_ NO\_\_\_\_

If yes, what do you do to assist your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child make shy or have trouble adjusting to new places and faces: YES\_\_\_ NO\_\_\_\_

If yes, how do you assist your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child tend to run away: YES\_\_\_\_ NO \_\_\_\_

How does your child express anger or frustration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child tend to throw temper tantrums: YES\_\_\_\_ NO\_\_\_\_

If yes, how do you handle this: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When your child is upset, what do you do to comfort him/her: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special fears: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What method of discipline do you use with your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything you are concerned about with your child’s social development: YES \_\_ NO\_\_

If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANGUAGE DEVELOPMENT**

Is your child using words: YES\_\_\_\_ NO\_\_\_\_

Does your child speak in sentences: YES\_\_\_\_ NO\_\_\_\_

Is a second language spoken in your home: YES\_\_\_ NO\_\_\_ What language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have difficulty with his/her speech: YES\_\_\_ NO\_\_\_

If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOODS**

What foods does your child like: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What foods does your child dislike: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you do when your child refuses to eat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What drinks does your child prefer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child drink a lot of fluids: YES\_\_\_\_ NO\_\_\_\_

Would you describe your child’s appetite as: GOOD\_\_\_\_ OKAY\_\_\_\_ NOT GOOD\_\_\_\_

**FAMILY LIFE**

**Parents are:**

Married \_\_ Living Together \_\_ Divorced \_\_ Separated \_\_ Widowed \_\_ Single \_\_

If applicable, Parent/Guardian with Legal Custody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you please tell me who else lives at home with you and your child:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please note here any special family concerns we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER**

Anything else you would like us to know about your child (general personality, developmental issues, tendency towards affection, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSIONS**

**CREAMS, LOTIONS, SUNSCREENS, and POWDERS**

I give permission for Child’s Paradise Day Care Centre to apply creams, suzh as Zinc-based creams (Desitin, Penaten, ect), Vaseline, and/or hand lotion (such as Vaseline Intensive Care) and/or powders (such as Baby Powder, cornstarch, etc...), and/or sunscreen to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) as needed. Application will be done according to the Manufacturer’s directions (or parent’s instruction as written). **I understand that I need to notify staff if my child brings any Lotions, Powders, Creams, LipBalms, etc... to daycare. I also understand that a Medication Authorization Form needs to be completed for any of these items that have a D.I.N. Parent Initial: \_\_\_\_\_\_\_\_\_\_\_**

**WATER PLAY**

I grant my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to participate in water related activities including but not limited to; water sensory play, small pool and sprinkler activities and water bottles while at Child’s Paradise Day Care Centre. I understand these activities will always be diligently monitored.

 **Parent Initial: \_\_\_\_\_\_\_\_\_\_\_**

**EXCURSIONS OFF DAYCARE PROPERTY**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to go for walks within the community and off daycare property. **Parent Initial: \_\_\_\_\_\_\_\_\_\_\_**

**PICTURES AND VIDEOS**

I hereby grant my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to be photographed and/or videotaped during special events while at Child’s Paradise Day Care Centre. I understand that these pictures may be displayed at the Centre or on the Centre’s website. Information and documentation (photographs, written notes, etc...) that is given to the parents of the Centre regarding children is confidential. Request for any such information is to be referred to the Administrator. Parents have the option of requesting photographs of their children. If a parent is in possession of photographs where there are other children besides their own, the parent needs to be aware that this photo is being given for personal use only and is not to be modified and/or distributed for any reason. If you are in possession of a photograph or other information about another child in the Centre, you acknowledge that you are aware that you are not to distribute, share and/or modify these photographs/this information. You are also aware that the photographs taken by the Day Care Centre remain the actual property of Child’s Paradise.

 **Parent Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_** **SLEEPTIME**

I am aware and consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to sleep on a cot (not crib) in the Program. **Parent Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL REQUEST PERMISSIONS (i.e. bottles, soothers, etc):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Centre-Approved (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**