

Have there been any deaths, adoptions, or other changes in the family structure that affected your child? Briefly describe the event and the effect on your child.

What opportunities does your child have to interact with other children?

What are your child's favorite play activities? _____

Do you consider your child to be easily managed? _____

What forms of redirection do you use at home? _____

What do you and your child enjoy doing together? _____

What trips or vacations are remembered most by your child?

What "special happening or event" is your child most likely to tell us about? _____

How much television does your child watch each day? _____

What are his/her favorite television programs? _____

How often do you read with your child? _____

Who are their favorite storybook characters? _____

What fears does your child have and how are they expressed? _____

How much sleep does your child require daily? _____

Does your child nap daily and when? _____ **Usual bedtime** _____

What communicable illnesses has your child had? Indicate date or age.

Chicken pox _____ **Hand, Foot, & Mouth Disease** _____ **RSV** _____

Pink Eye _____ **Strep throat** _____ **COVID-19** _____ **Other** _____

Does your child have frequent **Colds** _____ **Coughs** _____ **Seasonal Allergies** _____

Acid reflux _____ **Ear infections** _____ **Eczema** _____ **Seizures** _____

Other medical problems:

Does your child have any abnormality of the **Skin** _____ **Glands** _____ **Extremities** _____

Genitalia _____ **Nervous system** _____ **Other** _____

Has your child had a serious illness, surgery or hospital stays? _____ If yes, please describe condition and child's reaction: _____

Is your child potty trained? _____

Has your child had regular dental checkups? _____

Any dental problems? _____

Is your child on any medication? If so, describe _____

Describe your child's eating habits: Likes a lot of foods _____ Snacks _____

Eats only a few foods _____ Eats only at mealtime _____

Are there any foods your child dislikes? _____

What are your child's favorite foods? _____

How would you consider your child's overall health? _____

Please give any additional information you think may be important for us to know.

What hopes and expectations do you have for your child related to his/her attending our program? _____

Thank you for helping us get to know you and your child a little better. We look forward to a great year together. Thank you!