

Help Us To Know Your Child Form

Child's Name:		Preferred Name (if applicable):		Date of Birth:	
Name of Parent(s) or Guardian(s):			Child lives with:		
Status: <input type="checkbox"/> Married		<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried
Name(s), Age(s), and Relationship of other member(s) of the child's household besides the parent:					
Name:		Age:		Relationship:	
What language is usually spoken at home?			If more than one, what other language(s) is/are spoken?		
Do you have any family pets?			Does Mom or Dad travel often?		
Medical History, Habits and Characteristics:					
Does your child have an existing illness or illnesses?				Yes	No
If YES, please describe:					
Has your child had a previous serious illness or illnesses?				Yes	No
If YES, please describe:					
Has your child ever been hospitalized?				Yes	No
If YES, please describe:					
Does your child have any allergies to foods, animals, pollens, molds, medications, etc?				Yes	No
If YES, please describe:					
List any medications prescribed for your child's continuous and/or long-term use:					
Does your child have bladder control?		Bowel control?		Child's terminology regarding toileting?	
Special information about diapering/toileting:					
Does your child usually take a nap and at what time?					
Describe any nap/sleep/bedtime habits or needs:					
If your child is verbal, does he/she have any difficulty saying what he/she wants? Do you have any trouble understanding his/her speech?					
What foods does your child especially like?		Are there foods your child dislikes?	Is there any food your child should not eat for religious or personal reasons?		For allergy purposes, are there any foods your child should not eat?
					Does it require an EPI pen or other medication?
When your child is upset or stressed, how is he/she best comforted?			How does your child relate to/play with other children?		
In most circumstances, do you consider your child to be easy to manage, fairly easy to manage, or difficult to manage?					
How do you discipline your child?					
How do you discipline your child?					
What fears does your child have?					
Goals for your child while attending our school?					
Your child cannot attend Carpe Diem Private Preschool until you have submitted his/her current immunization record validated by a physician or other health-care professional, as specified by the Texas Department of Health.					
_____ Signature of Parent		_____ Print Name		_____ Date	