CHILD INFORMATION FORM

The center staff needs your help to understand and plan for your child. Please fill out the following form and return it to the center before enrollment.

Date:_____

Child's Name:

_____

First Middle Last

Child's Preferred Name:_____ Sex: F_____ M_____
(First, Middle or Nickname)

Birthdate:_____Age:_____

Child Lives with: Both Parents Together:_____ Mother:_____ Father:_____
Shared Custody:_____ Other:_____

Languages (other than English) Spoken at Home:_____

Other Members Of The Family Living At Home:
(brothers, sisters, grandparents, etc….)

Name	Age	Relationship	Name Used By Child
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

Has Your Child Been In A Preschool Setting Before? ___Yes ___No
Please List Previous School/Daycare Situations Your Child Has Been Exposed To Prior To This Application: _____
_____
_____

What Is The Reason For Switching Schools? (Please Attach Additional Sheets If Necessary.)
_____
_____

How Did You Hear About Planet Kids?_____
_____

Why Did You Choose Planet Kids? _____
_____

Does Your Child Take A Nap? _____ How Long?_____
Describe Your Child's Appetite: Always Hungry:_____ Eats At Mealtimes:_____
Snacks All Day:_____ Never Hungry:_____ Has To Be Coaxed To Eat: _____
Are There Any Foods Your Child May Not Eat? _____
_____
(Due To Religious Customs, Etc…..) If So Please List:_____
_____
_____

Medical History

___ Yes ___No 1. Any concerns about general health? (sleeping, eating, weight, etc?)
___ Yes ___No 2. Any allergies (food, insects, medication, etc…?)
___ Yes ___No 3. Any specific illness, behavioral or social/emotional problems?
___ Yes ___No 4. Any problems with speech, vision or hearing?
(glasses, contacts, hearing aids, or ear tubes?)
___ Yes ___No 5. Any prescription medication? (daily or occasionally?)
___ Yes ___No 6. Any hospitalization, operations or major illness (specify problem)?
___ Yes ___No 7. Any significant injury or accident (specify problem)?

Please Explain If Yes Was Answered To Any Question Above:_____

Please List Any Additional Information About Your Child That You Feel Would Be Helpful To Our Staff While Caring For Your Child:

(afraid of lightening, costumed characters, toilet terms, etc…)