

Date of Admission: August 2016

## Child Information Form

### Identifying Information

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Middle Last

Home Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Name child wants to be called: \_\_\_\_\_

Age of child on OCTOBER 1, 2016 \_\_\_\_ Days of the week your child will be attending MSP: \_\_\_\_\_

Gender \_\_\_\_ Approx. Height \_\_\_\_ Approx. Weight \_\_\_\_ Hair Color \_\_\_\_ Race (optional) \_\_\_\_\_

Is the child related to the primary caregiver? Yes \_\_\_\_ No \_\_\_\_ How? \_\_\_\_\_

### Parents/Guardian:

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Email : \_\_\_\_\_

### Parents/Guardian:

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Email : \_\_\_\_\_

### Other Family Information

Brothers and Sister's Names and Ages \_\_\_\_\_

Others living in household? \_\_\_\_\_

Family pet's names \_\_\_\_\_

**Please return to MSP with your May deposit by May 1, 2016**

**Emergency Contact Information**

*In case of an emergency or illness, after attempting the phone numbers listed on page 1, please list the names of persons who would be authorized to act on behalf of the parents(s). **If you move or any of this information changes, please notify the MSP office ASAP with updated information.***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

**Other than those listed above, please list any person (s) who have permission to pick up your child.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

*Mustard Seed Preschool will not release your child to anyone who is not listed on this form; however you can add names to this list at anytime. If there are individuals who because of special circumstances are NOT allowed to pick up your child at any time, we will need this in writing and given to the Director. If there is a custody issue involved, we also need supporting court documents. MSP will not release a child to any person whose ability to drive or care for the child is impaired by drugs, alcohol or any physical or emotional condition which might in any way jeopardize the safety and well being of the child.*

**Please help us get to know your child better.**

**Personal Health /Medical Information**

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Primary Insurance Coverage \_\_\_\_\_ Policy Number \_\_\_\_\_ Hospital of Choice \_\_\_\_\_

Primary Insured Relationship to Child \_\_\_\_\_

Allergy: a medical condition that causes someone to become sick after eating, touching or breathing something that is harmless to most people

List any known allergies that your child may have \_\_\_\_\_

Do these allergies require immediate medical treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are **any** of these allergies life threatening? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

Have you turned into MSP the Allergy Action Plan from your physician \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Yet

Does the child have any medical diagnosis that requires ongoing care? \_\_\_\_\_

If yes, explain what type of care is administered at home and by whom? \_\_\_\_\_

Does your child take any medications routinely? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list \_\_\_\_\_ Reason for taking \_\_\_\_\_

Does your child have a history of frequent ear infections? \_\_\_\_\_

Has your child ever had any surgeries? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify \_\_\_\_\_

Is there anything in your child's past or current medical history (physical or emotional) about which the school or teacher should know? \_\_\_\_\_

Are there any special needs or special circumstances in your child's life that would help your child's teacher better understand or help your child? \_\_\_\_\_

Has your child ever been professionally evaluated for speech, behavior or any type of developmental delay? (If yes, please explain.) \_\_\_\_\_

**Sleep Habits:**

Does your child have own room? \_\_\_\_\_ Share a room with? \_\_\_\_\_

At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average hours sleep per night \_\_\_\_\_

Naps from \_\_\_\_\_ to \_\_\_\_\_ Average hours of naps \_\_\_\_\_

**Toilet Habits**

Time in the morning which the child is taken to the bathroom? \_\_\_\_\_

Can the child take self to the bathroom? \_\_\_\_\_ Regular bowel movements? \_\_\_\_\_

Does child tell when he/she needs to go to bathroom? \_\_\_\_\_ Can child manage clothes in the bathroom? \_\_\_\_\_

## **Living Habits and Emotional Development**

Are there any foods or beverages your child should not be given at MSP? \_\_\_\_\_

Is your child a picky eater? \_\_\_\_\_ Does your child eat breakfast? \_\_\_\_\_

Behavior habits (i.e. biting nails, sucking fingers, tantrums, or biting others):  
\_\_\_\_\_

Can your child care for himself/herself in the following areas? Dressing \_\_\_\_\_ Brushing teeth \_\_\_\_\_

Going to the potty \_\_\_\_\_ Tying shoes \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_ If so, do you know the cause of the fears? \_\_\_\_\_

What is your child's reaction to strangers? \_\_\_\_\_

Does your child cry easily? \_\_\_\_\_ If so why? \_\_\_\_\_

What thing(s) usually calms your child? \_\_\_\_\_

Is it easy for your child to be separated from either parent? \_\_\_\_\_

What types of discipline are used in your home? \_\_\_\_\_

## **Speech and Physical Growth**

Please choose one of the following:

My child talks: Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Not Very Well \_\_\_\_\_ Not at All \_\_\_\_\_

Does anyone read to your child? \_\_\_\_\_ How regularly? \_\_\_\_\_

Which of the following words would you use to describe your child (check all that apply):

Active \_\_\_\_\_ Quiet \_\_\_\_\_ Friendly \_\_\_\_\_ Shy \_\_\_\_\_

## **Social Habits**

Does your child play well with others? \_\_\_\_\_

Is it hard for your child to take turns? \_\_\_\_\_

How does he/she react when he/she does not get their own way? \_\_\_\_\_

Does your child help put away toys after playing? \_\_\_\_\_

Does your child play well by himself/herself? \_\_\_\_\_

Does your child help with small household tasks? \_\_\_\_\_ If so, what? \_\_\_\_\_

List special interests and toys \_\_\_\_\_