

Child General Information (please include all information that will assist us in providing quality care for your child)

Has your child previously been in preschool/child care? Yes No

If yes, what type of care and for how long?

Reason for requesting care

What are your child's interests, likes and dislikes, gifts, characteristics? Which qualities would you like to see enhanced?

What are your child's favorite activities?

Eating and sleeping habits

Special comments

What aspects of a preschool program are most important to you?

Child Medical information

List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict child's activities?

Other Children in Home

Name	Age	Name	Age
Name	Age	Name	Age

OFFICE USE ONLY

Day entered care _____

(Contact and health information needs to be reviewed and updated as needed or once a year)

Contact info updated date:					
Parent signature:					