

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

**Development**

Has your child ever been in a childcare setting?     YES     NO

If so, what kind?    Relative's Care     In Home     Church     Other \_\_\_\_\_

Briefly describe your child's experience. \_\_\_\_\_  
\_\_\_\_\_

Does your child function at an age-appropriate level?     YES     NO

Please explain \_\_\_\_\_  
\_\_\_\_\_

Is your child able to walk?     YES     NO

Please explain \_\_\_\_\_  
\_\_\_\_\_

Is your child able to fully participate in all of the activities offered by the Children's Campus?     YES     NO

Please explain \_\_\_\_\_  
\_\_\_\_\_

**Self-Expression**

What causes your child to feel angry or frustrated and how does he express it? \_\_\_\_\_  
\_\_\_\_\_

What frightens your child and how is it shown? \_\_\_\_\_

Does your child accept new people/situations easily?     YES     NO

If "No" please explain \_\_\_\_\_  
\_\_\_\_\_

Age child began talking.

Child speaks in:     Words     Sentences

Can your child effectively communicate his or her needs?     YES     NO

Please explain \_\_\_\_\_  
\_\_\_\_\_

Words child uses to describe needs – Specify \_\_\_\_\_

How does your child express feelings of happiness, enjoyment, etc? \_\_\_\_\_

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**Comforting**

Is there a time of day when your child feels irritable?     YES     NO

If "Yes" – Specify time \_\_\_\_\_

What techniques are used to help your child through this time?

Child likes to be:

Held     Sung to     Rocked     Read to     Other – Specify

Special things you say or do to comfort child.

**Sleep**

Current sleep schedule

If your child uses a pacifier, when do you usually offer it?

Falls asleep easily  
 YES     NO

Mood upon awakening – Describe

How does your child like to go down for a nap?

Held     Sung to     Rocked     Read to     Other – Specify

Takes favorite item to bed     YES     NO

If "Yes" – list

**Meals**

Does your child have any problems at mealtime?

YES     NO    If "Yes" - Specify

Is your child on a special or restricted diet, or have any food allergies (e.g. peanut butter)?     YES     NO

If "Yes" – Specify \_\_\_\_\_

**Note: Please review SAUCC Handbook for restricted diet guidelines.**

Feeds self with:

Spoon     Fork     Hands

Favorite foods – Specify

Refused foods – Specify

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**Diapering / Toileting**

Diaper – type

\_\_\_\_ Cloth (must have Velcro fasteners and accompanied by plastic pants) \_\_\_\_ Disposable

Highly sensitive skin

\_\_\_\_ YES \_\_\_\_ NO

Frequent diaper rash

\_\_\_\_ YES \_\_\_\_ NO

Toilet training attempted \_\_\_\_ YES \_\_\_\_ NO

If “Yes” describe routine \_\_\_\_\_  
\_\_\_\_\_

Type of toilet seat used at home

\_\_\_\_ Potty chair \_\_\_\_ Special toilet seat \_\_\_\_ Regular toilet seat

Regular bowel movements

\_\_\_\_ YES \_\_\_\_ NO How often -

Time(s) of day -

How does your child state their need to urinate?

How does your child state their need for a bowel movement?

Toileting problems \_\_\_\_ YES \_\_\_\_ NO

If “Yes” – Describe \_\_\_\_\_  
\_\_\_\_\_

**Medical**

Does your child have an existing condition of which the Children’s Campus should be aware? \_\_\_\_ YES \_\_\_\_ NO

If “Yes” please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any non-food allergies that the Children’s Campus should be aware of (e.g. bee stings)? \_\_\_\_ YES \_\_\_\_ NO

Please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child require any medication, therapy, medical treatment or assessment while in childcare? \_\_\_\_ YES \_\_\_\_ NO

Please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc? \_\_\_\_ YES \_\_\_\_ NO

Please explain \_\_\_\_\_  
\_\_\_\_\_

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**Medical cont.**

Does your child require and/or desire any accommodations or modifications in order to fully and equally enjoy and participate in the Children's Campus group care setting?    \_\_\_ YES    \_\_\_ NO

Please explain \_\_\_\_\_  
\_\_\_\_\_

Has your child experienced a serious illness, convulsion, operation, or accident?    \_\_\_ YES    \_\_\_ NO

Please explain (include occurrence date) \_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous**

Child's favorite toys and activities – Specify.

Indoors

Outdoors

By providing complete information about your child, you will be assisting teachers in creating a positive experience for him / her while in the Children's Campus program. List any information about your child's habits, abilities, or personality that you feel will be helpful to the teachers while caring for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

**Enrollment Date** \_\_\_\_\_