

Child Information Sheet

Child Lives With:

Both Parents _____ Mother only _____ Father only _____ Guardian _____

Getting to Know Your Child's Family:

Sibling's Name _____ Birth date: _____ Enrolled in ELC program: Yes No

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Getting to Know Your Child:

I desire Christian childcare/preschool for my child because: _____

Has your child been cared for by anyone other than parents? Yes No
If yes, where and when: _____

Does your child use the restroom independently? Yes No In-Training

Does your child need help dressing or undressing? Yes No

Does your child take a nap? Yes No

Special Instructions: _____

Does your child have any special fears? Yes No

If yes, please explain: _____

Getting to Know Child's Current Development:

Please fill in the blanks

I would describe my child's development as: _____

I would like teachers to be sensitive to my child's: _____

I would like to be involved in my child's education / child care: _____

Getting to Know Child's Medical History:

Does your child have any allergies? Yes No

If yes, please explain: _____

Does your child require any medical care? Yes No

If yes, please explain: _____

Does your child have a physical impairment? Yes No

Does your child have a visual impairment? Yes No

Does your child have speech problem? Yes No

Does your child have hearing impairment? Yes No

If yes, please explain: _____

Please List all current prescribed medication:

Any Additional Medical Information That You Would Like To Share:

