



Getting to Know Your Child

Help us learn more about your child to make their time at Children's Imagination Station as fulfilling as possible.

Your child's name _____

What does your child prefer to be called? _____

#of brothers _____ #of sisters _____ Their names & ages are _____

Who does your child live with? _____

Other important people in my child's life are _____

What name does your child use for Mom? _____ Dad? _____

Grandparents? _____

Siblings or other special people? _____

Has your child been in childcare before? Yes/No Name of Facility or Provider _____

Why was care terminated? _____

How would you describe your child's personality? _____

My child is good at _____

My child likes _____

My child doesn't like _____

I would like you to know this about my child _____

Does your child have a regular bedtime schedule? Yes/No

What time does your child usually go to bed? _____

What time does your child usually wake up? _____

Does your child have trouble sleeping? Yes/No Night terrors? Yes/No Trouble going to sleep? Yes/No

Other sleep issues/concerns _____

Has or does your child have any known health problems? Yes/No If yes, describe _____

Does your child take medication on a regular basis? Yes/No If yes, only certain prescriptions may be given at daycare. A medication form MUST be completed MONTHLY before it can be administered. Medication must be in the original container with prescription information attached.

Does your child have any known allergies? Yes/No If yes, please list allergies _____

Special instructions in case of an allergic reaction _____

Is your child prone to?(circle all that apply) upset stomach; colds; seasonal allergies; ear aches; headaches; sore throats; nose bleeds; other _____

Are there any indicators of hearing, vision or speech problems? _____

Has your child had any of the following communicable diseases? (circle all that apply) chicken pox; mumps; measles; other _____

Does your child have any physical, mental, or behavioral issues? Yes/No If yes, please explain _____

If special accommodations need to be made, a care plan must be completed by the child's physician or mental health provider. The Director will determine if the accommodations are feasible for our center based on our limited financial resources as well as the safety and well-being of all involved.

Do you have a back-up plan if your child is ill and cannot attend or becomes ill and must be picked up? Yes/No

Does your child have a special diet? Yes/No Is this diet due to your child's tastes; allergies; food sensitivities; or religious beliefs? Explain _____

Please list these foods _____

We provide meals that meet the guidelines set by the CACFP (Child and Adult Care Food Program). If your child requires dietary modifications, a CACFP dietary modification form must be filled out and kept on file.

What are your expectations of our child care program? _____