



ROUTINE

YES  NO Do you have any concerns about your child's eating habits?

YES  NO Do you have any concerns about your child's sleeping habits?

**PRESCHOOL:**

Does your child have...

YES  NO ...a morning nap? Time: \_\_\_\_\_

YES  NO ... afternoon nap? Time: \_\_\_\_\_

Yes  NO  IN PROGRESS Is your child toilet trained?

Yes  NO Does your child have toileting accidents?  
\_\_\_\_\_

YES  NO Is there anything else we need to know about your child's daily routine?  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH HISTORY

- YES  NO ASTHMA
- YES  NO EPILEPSY
- YES  NO HEART DISEASE
- YES  NO DIABETES
- YES  NO SEIZURES
- YES  NO ALLERGIES
- YES  NO FREQUENT COLDS
- YES  NO CHICKEN POX
- YES  NO MEASLES

**SPECIAL REQUIREMENT FROM HOME CHILD CARE**


HEALTH HISTORY CONTINUED

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is your child on regular medication? If yes please specify:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does your child have any special needs and/or medical history that we should consider to ensure an appropriate placement?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has your child ever been hospitalized?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have any concerns about your child's speech, vision or hearing?
What type of Home Child Care placement would you like?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is your child involved with any other agencies or group?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are there any legal restrictions or restraining orders affecting access for your child?

I understand that this information will be shared with my caregiver as necessary to the placement of my child.

PARENT'S SIGNATURE:	DATE:
COORDINATORS SIGNATURE:	DATE: