Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

Child Name (last, first, middle) Street Address (if rural, attach directions)		Social Security No.*	Enrollment Date	Date of Birth
		City	County	Zip
Mailing Address (if different) Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				
* If applicable.				
1. Health				
Does your child have any allergies?			☐ Yes	☐ No
If so, what allergies does your child have?				. !
How should we respond if he/she has an allergic re	eaction?			
Does your child have an existing illness?		1	☐ Yes	☐ No
Has your child had a previous serious illness or inj 12 months?	ury, or hosp	bitalization during the p	past Yes	□ No
Is your child taking any medication?			☐ Yes	☐ No
If so, how is the medication administered, and will be administered while he/she is in care?	I it need to			_
Is the medication prescribed for continuous use?			☐ Yes	☐ No
Are there any side effects we should be alerted to?	?		☐ Yes	☐ No
2. Toileting:			□ Voo	□ No
Does your child need assistance with toileting?			☐ Yes	☐ No
How can we best help?				
What are your ideas about toilet training?				
How can we best help?				
3. Behavior:				
Does your child have any special fears?			☐ Yes	☐ No
How does your child communicate his/her needs?			☐ Yes	□ No
Are there any special words that your child uses that might not be readily recognized?			-	
How do you tell your child to stop a behavior that don't approve of or that might be dangerous?	you			
When your child gets upset, what helps him/her calm down?	I			
What is a good way to distract your child when he/she is having a temper tantrum?				
Are there any particular routines that are particularly helpful at naptime?				

Child Assessment Form

Form 7293 November 2012

What position is most comfortable for your child wh	hen he/sh	e is nappin	g?			
1. Eating Preferences:						
What are your child's favorite foods?						
Does your child use utensils, eat with fingers, feed	d self?					
Does your child choke easily while eating?				☐ Ye	es	☐ No
5. Activities:						
What activities do you like to do with your child?						
What activities does your child like to do when pla other children?	aying with					
What does your child like to do when he is playing	alone?					
6. Family History:						
Tell me about your family (i.e. child's parents, sibling grandparents, and other extended family)	ngs,					
I verify that the above assessment was discussed	with the p	arent(s) of				
Signature of Director				Date Signed		
orginatore of Director				Dato Olgilos		
I verify that the director appropriately relayed the in	nformation	oncernir	ig my child's	assessment.		
Signature of Parent				Date Signed		
Additional Comments:						