

1. Health Problems _____
2. Medications _____
3. Vision, Speech Or Hearing Problems _____
4. Is your child Potty Trained? Please give details _____
5. Allergies _____
6. Special Diet _____
7. Food Dislikes / Eating Habits _____
8. Religious Or Ethnic Observances _____
9. Language (If Other Than English Spoken) _____
10. Challenging behavior _____
11. Does your child require an aid while in care **Y or N**
12. If Required (English Speaking Contact) Name _____

Address

Phone

13. School your child is/will be attending _____
14. If There Is A Custody Agreement - Please Give Details _____

****We will require a copy of the most current custody agreement****

15. Has Child Had Other Experiences Away From Home No: _____ Yes: _____
- a. Please Describe When / Where /How Long _____

16. Where There Any Special Problems or extra help required? Please give details: _____

Parent's Comments - If Any: _____

Information Provided By:

(Signature)

Day / Month / Year

Information Received By:

(Signature)

Day / Month / Year