

Kid's Morning Out

Child Questionnaire



Child's Name _____ Date of Birth: _____ Date Completed: _____

Health:

1. Does your child have any of the following conditions? If so, please explain. (A) Allergies (food, insect bites, seasonal), (B) frequent sore throats, (C) ear aches, (D) skin problems/sensitivities, (E) other:

2. Does your child require an EpiPen, inhaler, or other medication to be administered during care? _____
*If yes, please complete additional medical form.

3. Does your child have any food restrictions, intolerances, or allergies? If yes, please explain.

4. Does your child have any known developmental delays or conditions that may require accommodations?

5. Is there any medical history of which we should be aware?

Physical and Language Development:

1. Does your child walk? _____ Walk well? _____

2. Does your child talk? _____ Talk well? _____

3. Common "words" if not easily understood: _____

Toilet Habits:

1. Please select one. Is your child In diapers In Potty-Training or Potty Trained?

2. Does your child tell you or exhibit behaviors when he/she needs to go? If so, what words or behaviors?

Experiences and Relationships:

1. What are his/her favorite toys _____

2. Favorite songs/stories _____

3. Favorite foods _____

4. Security item (like blanket or stuffed animal) and what they call it _____

5. Previous group care experiences _____

6. Does your child have any particular behaviors we should know about? _____

7. Any fears? _____

8. Have there been any changes at home that might affect your child while in our care? (New home, recent move, new baby, parent absent due to work/deployment/etc., separation, divorce, etc.)

Is there anything else you would like to tell us?
