

Close To My Heart Early Childhood and Development Center

General Information

___ I am new to Close To My Heart. How did you hear about us?

___ Other Close To My Heart Parents. Who? _____

___ School Sign

___ Person(s) referring you: _____

___ Yellow Pages

___ Other, please specify _____

Previous Daycare(s) child has attended: _____

Any problems at previous daycare(s): _____

EXPECTATIONS of Day Care home: _____

Home Environment

Names and Ages of brothers and sisters:

Name: _____	Birth Date _____	School Attending _____
Name: _____	Birth Date _____	School Attending _____
Name: _____	Birth Date _____	School Attending _____
Name: _____	Birth Date _____	School Attending _____

Name and Relationship of other Adults living in the home:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Describe educational experiences that your child has had: _____

Does your child have playmates? ___ If so, what ages and genders? _____

Circle the words that describe your child:

Easily Angered Whiny Crying Happy Cheerful Stubborn Cooperative
Independent Active Fights often Gives in easily Temper Tantrums Quiet Wants own way

Briefly describe your child's social behavior (cautious, aggressive, friendly, shy, etc.)

What makes your child frustrated or upset? _____

Describe any fears your child may have and how you have dealt with them: _____

Your child's favorite play activities: _____

Describe any special interests of your child: _____

Motor activity your child enjoys: _____

Activities that your child is cautious about: _____

Child is: _____ Left Handed _____ Right Handed _____ Not Sure

Is your child adopted? _____ At what age? _____ Has your child been told? _____

Do you consider your child: _____ Under Achiever _____ Average _____ Over Active

Other Comments about your child's development: _____

Does either parent have any special talents or resources to offer our school or teachers? _____

Special Needs

Is your child on an IEP (Individual Educational Plan)? _____

If yes, through which school district? _____ Please send a copy of the IEO with this registration.

Please describe any special developmental needs your child has that we should be aware of:

Speech/Language: _____

Motor development: _____

Self-help skills: _____

Attention span: _____

Emotional needs: _____

Social development: _____

Behavioral problems: _____

Toilet Training

Bladder trained? _____

Bowel Trained? _____

Child's words for: Urinating: _____

Bowel Movement: _____

Miscellaneous

Does your child take a regular nap? _____ If so, what time? _____

Anything unusual about your child's sleeping habits? _____

Describe your child's appetite: _____

Favorite Foods: _____ Food Dislikes: _____

Any unusual eating habits? _____

Food Allergies: _____

Your Expectations

What you most want out of your child's experience at Close To My Heart? _____

Areas of development you want to see emphasized: _____

Any other information about your child you consider important for us to know? _____

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Toddler/Preschool Social Resume

Child's Name: _____

Family

Names of brothers and sisters

Birth Date

_____	_____
_____	_____
_____	_____

Names of others living in the home

Relationship to child

_____	_____
_____	_____

What language is spoken in your home: _____

Does your child have any pets? Yes No If yes, what are they: _____

FOOD

Describe your child's appetite: _____

What foods does your child like? _____

What foods does your child dislike? _____

Does your child feed himself/herself? Yes No

Does your child have any food sensitivities or allergies? Yes No

If yes, please identify: _____

What time does your child eat: Breakfast _____ Lunch _____ Supper _____

Self Care

Is your child in diapers? Yes No Comment: _____

Has training begun? Yes No Comment: _____

Is your child trained? Yes No Comment: _____

Does child need help? Yes No Comment: _____

Does your child need any help with dressing? Yes No

If yes, please list: _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps): _____

Social/Emotional Development

Does your child separate easily from you? ____ Yes ____ No

Please comment: _____

Is your child afraid of anything? ____ Yes ____ No

Please comment: _____

Does your child have a favorite toy, blanket, or soother? ____ Yes ____ No

Please comment: _____

Does your child spend time with other children? ____ Yes ____ No

Please comment: _____

When your child is upset, what helps COMFORT him/her? _____

How does your child show feelings?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

How do you DISCIPLINE your child? _____

Special FAMILY situations? (such as custody specifications, problems arising from situations, etc.) _____

Any disorder/developmental (slow/advanced) diagnosed or suspected? _____

What characteristics in your child's development would you like:

Encouraged: _____

Discouraged: _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Parent/Guardian Signature

Date

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Health and Wellness Form

**This information must be filled out for all children.

Child's Name _____
First Middle Last

Birth Date _____ Gender Male _____ Female _____

HEALTH CONCERNS: Please check if your child has any of the following.

_____ NO HEALTH CONCERNS

_____ A.D.H.D./A.D.D.

_____ Allergies (to what?) _____

_____ Asthma or other breathing problems

Has your child ever been diagnosed by a doctor as having asthma? Yes No

_____ Bladder problems/Bowel problems (describe) _____

_____ Heart Problems (describe) _____

_____ Seizures

_____ Social/emotional/mental health (describe) _____

Do you have any concerns about your child's development? Yes () No () If yes, please comment: _____

Please comment on any other medical information or special need the child care provider should be aware of:

EMERGENCIES: Does your child have a health problem that could result in an emergency?

If yes, describe: _____

Are there any physical problems at this time?

Respiratory _____ Orthopedics _____ Heart _____

Visual _____ Hearing _____ Allergies _____

Seizures _____ Other _____

Does child have any known health problems? Yes () No () If yes, attach documentation

Check (X) any of the following illnesses the child has had:

- () Asthma () Earaches () Mumps () Whooping Cough () Bronchitis () Eczema
() Pneumonia () Polio () Chicken Pox () Frequent Colds () Croup () Convulsions
() Measles () Influenza () Diphtheria () Tonsillitis () Rheumatic Fever
() Other _____

Has your child had any surgery? Yes () No () If yes, please explain: _____

MEDICATIONS: List ALL medications that your child takes daily or when needed. A consent form is **REQUIRED** for ALL medication taken at school, including over the counter medications. **THE CONSENT MUST BE SIGNED BY BOTH HEALTH CARE PROVIDER AND PARENT.** A new consent is needed each school year. Forms are available in the health office.

Medication Name	Purpose	Dose	How often taken?

HEALTH INSURANCE:

_____ My child has health insurance:
 _____ Medical Assistance _____ Minnesota Care
 _____ Assured Care _____ Other: _____
_____ My child has no health insurance

HEALTH CARE PROVIDERS:

Does your child have a doctor or clinic where they usually go for health care? Yes No

Name of doctor or clinic	Location and Phone
_____	_____
_____	_____

Hospital preference: _____

This health information may be shared with Close To My Heart staff as needed. If you do not want this health information shared, please contact 651-779-9177.

I authorize the child care provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

Parent/Guardian signature _____ Phone _____

Print Parent/Guardian name _____ Date _____
(print name) (month-day-year)