

## <u>Admitting Information</u> <u>Nursery, Tumbler and Toddler Children</u>

Dear Parent:

Please provide the following information, which will be helpful to us in caring for your child. We assure you that this information will be used in a confidential, professional manner by the staff caring for your child.

Child's Full Name:
Describe your child's personality:
What are your child's favorite activities? (Include songs, books, places, etc.)
What are your child's least favorite activities?
List anything or any activity that causes your child to feel uncomfortable or afraid
Who are the important people in your child's life?
Do you have any health concerns about your child?
Was your child a premature birth? If so how many weeks early:
Please list any medical conditions:
Special need/disabilities:
Allergies to foods or other things: (food allergies must be documented by the child's physician in writing)
Medications your child takes:
Is your child ready for toilet training?YesNo
Describe your child's eating patterns:

Is your infant on formula? formula		
Times and amounts of formula/food		
What foods does your child li		
What foods does your child n		
Describe mealtime behaviors	and abilit	
Describe child's sleeping patt	erns:	
Times and lengths of naps:		
Time child goes to bed	Т	ime child gets up
Does your child fall asleep ald etc?		ed to be rocked, held,
Describe any problems with g asleep?		
If yes, please describe.		
		to know about your child and/or anything with
Parent Signature		Chambliss Staff