



CHAMBLISS CENTER FOR CHILDREN
GROWING YOUNG LIVES 24•7•365

Admitting Information
Runabouts, PreK and School-Age Children

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. If you have any sensitive issues you do not wish to write about, please discuss them with our Family Services Coordinator. Thank you.

Date: _____ **Child's Full Name:** _____

Choose 5 words to describe your child's personality:

What are your child's favorite activities?

What does your child not like to do?

List anything or 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?

Please list any

Medical conditions: _____

Special needs/disabilities: _____

Special testing/evaluation that has been done: _____

Special services your child is receiving: _____

Allergies to foods or other things: _____

(Food allergies must be documented in writing by the child's physician.)

Medications your child regularly takes: _____

Was your child a premature birth? If so how many weeks: _____

Is your child totally toilet trained? ____Yes ____No

If not, what does your child wear? ____Diapers ____Pull-Ups ____Regular Underwear

Does your child like most foods? ____Yes ____No

If not, what are his/her favorite foods? _____
least favorite foods? _____

Does your child take a nap? ____Yes ____No

If yes, from what time? _____ to what time? _____

Does your child sleep in a bed alone at night? ____Yes ____No

If no, with whom does he/she sleep? _____

Does your child go to sleep without difficulty at night? ____Yes ____No

At what time does your child go to bed at night? _____

At what time does he/she get up in the morning? _____

Does your child have any trouble getting along with other children? ____Yes ____No

If yes, describe: _____

If your child is in school, is he/she having any difficulties? ____Yes ____No

If yes, describe: _____

What are his/her favorite subjects? _____

Tell us anything else you would like us to know about your child and/or anything with which you would like us to help. _____

Parent signature

Chambliss Staff