

Child's Informational Sheet

Return to
Diana Kremzar
UI Family Services
121-50 USB
(319) 353-2384 (fax)

1. Identification:

Child's Name:

Last

First

Middle

Birthdate:

Sex:

Child's Nickname:

2. Family History:

Parents are:

Single

Married

Divorced

Separated

Other:

Other children in the home:

Name

Age

Name

Age

a.

c.

b.

d.

3. Physical Regime

Does your child have any diagnosed special needs:

Yes

No

If yes, please explain:

Does your child take any medications **regularly** that the Program will be giving to him/her?

Does your child have any unusual eating patterns or food dislikes?

Will your child need any accommodations or adaptations during meal times, snack time or playtime?

When you find it necessary to discipline your child, what technique works best?

6. Play and Socialization

How does your child play alone and/or with other adults/children?

What type of play activities does your child like to do or gives comfort to your child?

7. Questions for Children Pre-registering ONLY with Handicare, Inc.

Your child's playmates are: girls boys younger older

Has your child previously attended any of the following: playgroup daycare preschool

What was the usual size of the playgroup?

Will your child need any adaptations or accommodations to participate in the classroom?

8. Other Information

Please give any other information that you believe will be helpful to understanding your child:

**If a newborn, please feel free to write as much as you feel necessary to inform our staff about your baby. Use extra paper if necessary.

Signature_____

Date Completed: