

## **Child's Informational Sheet**

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

1.	Identification	ł								
	Child's Name:	t		First	N	Middle				
	Birthdate:		Se							
	Child's Nickname:									
2.	Family History	y:								
	Parents are:	Single	Married	Divorced	Separated	Other:				
	Other children in t	he home:	Age	Name		Age				
	a. b.			:. d.						
3.	Physical Regime									
	Does your child ha	ve any diagnos	ed special needs	: Yes	No	No				
	If yes, please expla	in:								
	Does your child take any medications <b>regularly</b> that the Program will be giving to him/her?									
	Does your child have any unusual eating patterns or food dislikes?									
	Will your child nee	d any accommo	odations or adap	tations during m	eal times, snack t	ime or playtime?				

Does your family practice a religion that prevents your child from eating particular food(s)?	
f yes, what food(s) should your child avoid?	

Does your child have any behaviors or special abilities that may give us cause to be concerned for the child's safety (i.e. can open outside doors, can open a baby gate or fence gate, runs from adults)?

What is your child's usual naptime?

Typical length of nap?

Yes

No

May we pat your child's back to help go to sleep or let your child fall asleep by themselves?

## If your child is an infant or toddler:

Do you rock your child to sleep or just lay them down:

Do you allow your child to keep a pacifier in their mouth while sleeping? Yes No
Or during the day while awake? Yes No

## 4. Toileting

How does your child state that he/she needs to go to the bathroom?

(urination) (bowel movement)

What type of assistance does your child need to use the restroom?

If your child is not an infant or toddler, does your child wipe him/herself?

## 5. Personality and Emotional Development

Does your child accept new people and new activities easily?

Does your child have any serious fears or anxiety times?

What comforts them during these times?

Describe your child's normal temperature?

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ns for Children s playmates are: hild previously atter he usual size of the	Pre-registe girls nded any of the e playgroup?	boys following:	with Handicar	r <b>e, Inc.</b> older										
s playmates are: hild previously atter he usual size of the	girls nded any of the e playgroup?	boys following:	younger	older										
nild previously atter	nded any of the playgroup?	following:												
he usual size of the	e playgroup?		playgroup	davcare										
				/	preschool									
nild need any adapt	tations or accom			What was the usual size of the playgroup?										
	Will your child need any adaptations or accommodations to participate in the classroom?													
Other Information														
Please give any other information that you believe will be helpful to understanding your child:														
any other mornia	non mac you be	meve will be in	erpran to anacrotan	ang your omar										
ase feel free to wri	te as much as yo	ou feel necessa	ary to inform our s	taff about your b	oaby. Use extra									

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