



CHILD ASSESSMENT FORM

Child Name (last, first, middle)	Enrollment Date	Date of Birth
Mother's Name	Mother's Email	
Father's Name	Father's Email	

Your responses to the following questions are very important and will help us to better care for your child. Your child's information will not be shared with any outside source without your written consent or unless otherwise required by law.

Health

Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what types?	
How should we respond if your child has an allergic reaction?	
Does your child have an existing illness or medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what types?	
Has your child had a previous serious illness, injury, or hospitalization during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please give instructions if you wish for Excelencia to provide any medications to your child while in our care.	
Medication: Amount: Times: Duration:	Medication: Amount: Times: Duration:
Are there any side effects we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please describe?	

Toileting

Does your child need assistance with toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How can we assist?	
What are your ideas about toilet training?	

Eating Preferences

What are your child's favorite foods?	
Does your child use utensils and feed self? Explain.	
Does your child choke easily while eating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What foods does your child not eat?	



Behavior

Does your child have any special fears? If yes, what types? How does your child communicate his/her needs? Does your child use any special words we might not recognize? How do you tell your child to stop a dangerous or inappropriate behavior? When your child gets upset, what helps him or her calm down? What is a good way to distract your child when having a tantrum? Do you have any special routines that are helpful at naptime? How would you describe your child's behavior?

Activities

What activities do you share with your child? What activities does your child like when playing with other children? What does your child like to do when playing alone?

Family

What is your child's home life like? Who lives in your child's home? Who are your child's friends?

The signatures below verify that the information contained in this assessment was discussed between both parties and will be retained at Excelencia in the child's confidential file.

Signature - Director or designee

Date

Signature - Parent or Legal Guardian

Date