



thesammycenter.com | thesammycenter@gmail.com | 801.631.2006 | 1515 E. 3300 S.

CHILD INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

BIRTHDAY: _____ GENDER: _____

RACE: _____ ETHNICITY: _____

IS CHILD POTTY TRAINED: Y / N

WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD ATTENDING TSC:

TELL US ABOUT YOUR CHILD; FAVORITE GAME, TOY, BOOK, ETC...

MY CHILD HAS A DIFFICULT TIME WHEN: (TELL WHAT MIGHT FRUSTRATE YOUR CHILD):

WHAT MIGHT HELP YOUR CHILD CALM DOWN OR FEEL BETTER:

DOES YOUR CHILD HAVE ALLERGIES? Y / N WHAT:

DOES YOUR CHILD HAVE ANY FOOD SENSITIVITIES?

DOES YOUR CHILD HAVE ANY CHRONIC MEDICAL CONDITIONS?

INSTRUCTIONS FOR SPECIAL OR NONROUTINE DAILY HEALTH CARE OF YOUR CHILD:

ANY OTHER SPECIAL HEALTH INSTRUCTIONS FOR CAREGIVER:

IS YOUR CHILD ON MEDICATION: Y / N WHAT?

WHAT ELSE DO YOU WANT US TO KNOW ABOUT YOUR CHILD:

CERTIFICATION THAT IMMUNIZATIONS ARE CURRENT:

(Initial) _____

ADMISSION AND HEALTH ASSESSMENT FORM:

(Initial) _____

FAMILY INFORMATION

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO CHILD: _____

PHONE NUMBER: Cell Phone: _____ 2ND NUMBER: _____

EMAIL: _____

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO CHILD: _____

PHONE NUMBER: Cell Phone: _____ 2ND NUMBER: _____

EMAIL: _____

PRIMARY ADULT IN HOUSEHOLD INFORMATION

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN THE HOME? _____

WHAT LANGUAGE DOES THE CHILD SPEAK/UNDERSTAND? _____

DESCRIBE THE RELATIONSHIP OF CAREGIVER: _____

DESCRIBE THE RELATIONSHIP OF CHILD'S PARENTS: _____

FAMILY INFORMATION (CONTINUED)

LIST SIBLINGS:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

IS THERE ANYONE ELSE THAT LIVES WITH THE CHILD: _____

HAS YOUR FAMILY EXPERIENCED ANY STRESSFUL SITUATIONS SUCH AS?

NATURAL DISASTER SOCIAL INJUSTICE DEPLOYMENT
DIVORCE DEATH SEPARATION HOSPITALIZATION
ABUSE DOMESTIC VIOLENCE

OTHER: _____

IF YES PLEASE EXPLAIN:

WHAT IS YOUR FAMILY'S FAVORITE THING TO DO TOGETHER?

EMERGENCY INFORMATION

BEST PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ 2ND NUMBER: _____

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ 2ND NUMBER: _____

PARENTS PERMISSION FOR EMERGENCY TRANSPORTATION: _____

OTHER INFORMATION

FAMILY AUTHORIZES TO RECEIVE DIGITAL COMMUNICATION _____
(SIGNATURE)

FAMILY AUTHORIZES STAFF TO SIGN CHILD IN/OUT: _____
(SIGNATURE)

Demographic Purposes

Are you of Hispanic, Latino, or Spanish origin?

Yes

No

Ethnicity

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

MARITAL STATUS

Single (never married)

Married or in a domestic partnership

Widowed

Divorced

Separated

Education

What is the highest degree or level you have completed?

Less than a high school diploma

High school degree or equivalent

Some college, no degree

Associate degree

Bachelor's degree

Master's degree

Professional degree (certifications)

Doctorate

FAMILY INCOME

Less than \$20,000

\$20,000 to \$34,999

\$35,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$99,999

Over \$100,000

OTHER FAMILY MEMBERS LIVING IN THE HOME

GRANDPARENTS

AUNTS OR UNCLES

OTHER FRIENDS OR RELATIVES