



Rene's Arch Daycare Center
151 E. Roosevelt Blvd
Philadelphia, PA 19120
(267) 331-6113

About Your Child

1. What *FOODS* does your child especially like? _____

2. Especially *DISLIKE*? _____

3. Favorite toys, games, activities? _____

4. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____

5. How does your child express *ANGER* or frustration? _____

6. Does your child have any special *FEARS*? _____

Explain _____

7. When your child is upset, what helps to *COMFORT* him/her? _____

8. How do you *DISCIPLINE* your child? _____

9. Has your child been taking an afternoon *NAP*? _____ If so, how long? _____

If not, why?

10 . Special toy or blanket for nap?

11. Special FAMILY situations? (such as custody specifications, problems arising from situations, etc.)

12. Anticipated ADJUSTMENT problems?_____

13. Any disorders/developmental (slow, advanced) diagnosed or suspected?_____

14. Previous childcare child has attended:_____

15. Any problems at previous daycares?_____

16. EXPECTATIONS of Rene's Arch Daycare Center?

17. Other COMMENTS?

Health History

1. Child's name _____
Birth date: _____

2. Last Physical
Examination: _____

3. Food allergies: _____

4. Medicine allergies: _____

5. Illnesses: Does your child have any problems with any of these?
(Please check the boxes that apply)

- ☐ Constipation
- ☐ Lice
- ☐ Convulsions
- ☐ Ringworm
- ☐ Diarrhea
- ☐ Skin Rash
- ☐ Fainting Spells
- ☐ Soiling
- ☐ Frequent Colds
- ☐ Stomach Upsets
- ☐ Frequent Ear Infections
- ☐ Urinary Problem
- ☐ Frequent Sore Throats
- ☐ Worms

Has your child had any of these diseases?

- ☐ Asthma
- ☐ Bronchitis
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Impetigo
- ☐ Measles
- ☐ Mumps
- ☐ German Measles
- ☐ Polio

- ☐ Scarlet Fever
- ☐ Tuberculosis
- ☐ Whooping Cough

1. Other ILLNESSES? (besides above)

2. Has your child been HOSPITALIZED? (explain)

3. Has your child had INJURIES with fractures or loss of consciousness? (explain)

4. Any other members of your family with SERIOUS ILLNESS recently?

5. Any other members of your family history of: ASTHMA _____ DIABETES
_____ EPILEPSY _____

How were you referred to Rene's Daycare Center?

(Please check all boxes that apply)

- ☐ Advertisement Referral
- ☐ Drive-by Sign Parental Referral
- ☐ Center Referral
- ☐ Newspaper Referral
- ☐ Dept. Human Resources
- ☐ Other