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| --- | --- | --- | --- | --- | --- |
| **NAME:** | | | |  | |
| **Please describe your child’s eating habits, i.e. food likes and dislikes, etc.** | | | | |
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| **Describe the play activities that your child likes, both indoors and out-of-doors.** | | | | |
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| **Describe your child’s naptime and toilet and hygiene habits** | | | | |
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| **Please add any other special information that is important to your child’s care here:** | | | | |
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| **Does your child have any known allergies?  Yes  No If yes, please explain:** | | | | |
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| **Does your child have any known medical problems that requires a special care?  Yes  No If yes, please explain and check the box below:** | | | | |
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| **Please read the statement below and initial the box to the left if you have provided this information.** | | | | |
|  | **My child has known allergies and/or other medical problems. I have requested from my medical doctor and completed a** MEDICAL CARE AND EMERGENCY CONTACT INFORMATION **form in order to provide this detailed information.**  **If this box is checked, please provide a doctor’s note so we may properly care for your child needs** | | | |
|  |  |  |  | |
| * + - * 1. Parent/Guardian | | | * + - * 1. Date | |
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