



MAGICAL ADVENTURES LEARNING CENTER, LLC

CHILD HEALTH AND PERSONAL INFORMATION RECORD

Child's Name _____ DOB _____ Nickname _____

Mother (or Guardian) _____ Age _____

(include mother's maiden name)

Father (or Guardian) _____ Age _____

If parents are divorced, please attach to this form documentary evidence of who has legal custody.

Type of evidence _____

Was your child born full-term? _____ If not, at what gestation _____

Were there any complications during pregnancy? _____ If so, please explain

Age at which child: crept on hands and knees _____ sat without help _____

Walked without help _____ named simple objects _____ slept thru night _____

Repeated short sentences _____ began toilet training _____

Has your child had the following diseases or conditions?

Measles	yes no	Heart Disease	yes no
German Measles	yes no	Rheumatic Fever	yes no
Scarlet Fever	yes no	Kidney Disease	yes no
Whooping Cough	yes no	Diabetes	yes no
Mumps	yes no	Infectious Hepatitis	yes no
Chicken Pox	yes no	Convulsions	yes no
Poliomyelitis	yes no	Asthma	yes no
Blood Disorders	yes no	Other _____	
Epilepsy	yes no	_____	

If yes to any of the above, please explain the details: _____

Does the child have frequent colds? Explain. _____

Tonsillitis? _____ Earaches? _____

Stomach Aches? _____ Does the child vomit easily? _____

Does the child run high fevers easily? _____

Has the child had any serious accidents? Explain. _____

Is the child allergic? _____ If so, to what _____

How does the allergy usually manifest itself? _____

Asthma _____ Hay Fever _____ Hives _____ Other _____

Has the child ever been to the dentist? _____ Has the child's vision been tested? _____

Hearing Tested? _____ Does the child wear corrective shoes? _____

Does the child have speech problems? _____

How would you evaluate your child's overall health? _____

Family History (parents, grandparents, aunts, uncles etc.):

Hearing Impaired	yes	no	Vision Impairment	yes	no
Genetic Disorders	yes	no	Learning Disabilities	yes	no
Mental Disorders	yes	no	Giftedness	yes	no
Measles	yes	no	Heart Disease	yes	no
German Measles	yes	no	Rheumatic Fever	yes	no
Scarlet Fever	yes	no	Kidney Disease	yes	no
Whooping Cough	yes	no	Diabetes	yes	no
Mumps	yes	no	Infectious Hepatitis	yes	no
Chicken Pox	yes	no	Convulsions	yes	no
Poliomyelitis	yes	no	Asthma	yes	no
Blood Disorders	yes	no	Other _____		
Epilepsy	yes	no	_____		

If yes to any of the above, please explain the details: _____

Brothers and Sisters of Child:

Name _____ DOB _____ Grade in school _____

Name _____ DOB _____ Grade in school _____

Name _____ DOB _____ Grade in school _____

Does the child have own room? _____ If not, with whom do they share with? _____

Has the child had a group play experience? _____ Where? _____

Does the child have neighborhood playmates? Specify. _____

When and with whom does the child watch TV? _____

List the TV programs the child watches.

Does the child prefer to play alone _____, with playmates _____, with siblings _____,
With adults _____?

Does the imaginary playmates? _____
What pet does the child have? _____

What are the child's favorite indoor activities? _____

What are the child's favorite outdoor activities? _____

List the child's favorite toys, play equipment, and books. _____

Is the child right- or left-handed? _____

Would you classify the child as a good _____ average _____ poor _____ eater?
For which meal is the child most hungry? _____

Does the child feed himself or herself? _____ Wait to be fed? _____

Does the child nap through the day? _____ When? _____

Can the child decide when to go to the bathroom or is a reminder needed? _____

Word child uses for: Urination _____ Bowel movements _____

Usual time for B.M. _____

Does the child have any problems of which we should be aware?

Biting: _____ Hitting _____ Kicking _____

Other: _____

How would you describe your child's personality? _____

How do you handle guidance/discipline issues at home?

Are there any special family circumstances which may be a factor in your child's present behavior
(divorce, death, new baby, recent move, hospitalization, etc)? Please explain.

What concerns do you have about your child's present behaviors?

What are you doing about these concerns?

In what ways would you like to see your child develop during this year in our program?

Please add any comments that you feel will help us know your child better. Thank you very much for your help. _____

This organization will not discriminate on the basis of age, race, religion, gender, or national origin, veteran status, sexual orientation, or disability either in its hiring of personnel, volunteer participation, admission policies, or in the administration of its scholarship programs and all other rights and privileges accorded to the children enrolled.

I/we certify that our child is, to the best of our knowledge, in good health and free of disabilities that would endanger him/her or other children at Magical Adventures Learning Center, LLC.

Parent Signature
Date

Date

Parent Signature

Attach a copy of your child's immunizations