

Fairytale Day Care Center

Rolling Meadows, 60008

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birth date _____ Sex _____

Address _____

Date of Enrollment _____ Date of Discharge _____

PARENT OR OTHER PERSON(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

OTHER PERSONS TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Signature of parent or other person placing child

Signature of caregiver

Date

CHILD DEVELOPMENTAL HISTORY INFORMATION

Child's Name _____ Age _____ Birth date _____ Sex: _____

Language(s) child speaks _____

Health History

Does your child have any health issues? _____

Does your child take any medication?
(Give name/dose/frequency) _____

Does your child have any allergies? _____

Does your child have any restrictions for play (outdoors/indoors)? _____

Has your child had a developmental or diagnostic
assessment? _____

Does your child receive any special services (i.e.: Speech, O.T., Behavior Therapy, etc.)?

Routine

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

What behaviors do you find "hard to handle" in your child? _____

Other helpful information _____

Comments:

All information shall be regarded and handled confidentially

A completely filled form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services.