



# THE VILLAGE AT RAINBOW STATION "Getting to Know You"

Child's Name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## Health History

Current Health Status: \_\_\_\_\_

Allergies (include statement of type of reaction and necessary treatment):

Medications:

(Please list meds your child is allergic to here) \_\_\_\_\_

Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

Previous illnesses/injuries: \_\_\_\_\_

Hospitalizations/surgeries: \_\_\_\_\_

Illnesses your child has had (chicken pox, measles, etc.): \_\_\_\_\_

Chronic illnesses/disabilities: \_\_\_\_\_

Does your child... wear glasses? \_\_\_\_\_ wear a hearing aid? \_\_\_\_\_

use other physical assistance devices? (please specify) \_\_\_\_\_

Medications your child takes on a regular basis \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan)?  Yes\*  No

*\*Please attach.*

## Social Development

By nature, is your child:

Friendly \_\_\_\_\_ Shy \_\_\_\_\_ Aggressive \_\_\_\_\_ Outgoing \_\_\_\_\_

Active \_\_\_\_\_ Withdrawn \_\_\_\_\_ Competitive \_\_\_\_\_ Cooperative \_\_\_\_\_

Other descriptive adjectives \_\_\_\_\_

Does your child have special fears? \_\_\_\_\_

How does your child respond to a stressful situation? \_\_\_\_\_

What seems to help your child feel better? \_\_\_\_\_

What method of discipline do you use or find most effective? \_\_\_\_\_

Does your child have temper tantrums? \_\_\_\_\_ If yes how do you handle them? \_\_\_\_\_

Has your child been in previous child care? \_\_\_\_\_

*Please complete back of form as well.*

**Family Data**

Who lives with your child?

Mother/Guardian \_\_\_\_\_  
Name

Father/Guardian \_\_\_\_\_  
Name

Child's grandparents (name child calls them or if they are deceased)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other members of the household

\_\_\_\_\_  
\_\_\_\_\_

Brothers/Sisters (names & ages)

\_\_\_\_\_  
\_\_\_\_\_

**Special Interests**

What school does your child attend? \_\_\_\_\_ Grade \_\_\_\_\_

Does your child participate in any extracurricular activities? If so, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite school subject(s)? \_\_\_\_\_

Homework preference? at school \_\_\_\_\_ at home \_\_\_\_\_ Study style \_\_\_\_\_

Hobbies? \_\_\_\_\_

Sports? \_\_\_\_\_

Special interests/talents? \_\_\_\_\_

Favorite foods/snacks? \_\_\_\_\_

Anything we should know about your child's eating habits? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some favorite "quiet time"/relaxing activities that your child enjoys?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add anything else about your child that would help us in providing care