



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Active \_\_\_\_\_ Withdrawn \_\_\_\_\_ Competitive \_\_\_\_\_ Cooperative \_\_\_\_\_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