

## **Help us get to know your child and your family**

Is your child looking forward to his/her attending the Center? \_\_\_\_\_

Does your child seem apprehensive about entering the Center? \_\_\_\_\_

Is the child toilet trained?      Yes      No

What does your child say when he/she wants to use the toilet? \_\_\_\_\_

Does your child need assistance with: dressing/undressing \_\_\_\_\_ eating \_\_\_\_\_ washing hands \_\_\_\_\_

Has your child been cared for by people other than the parents? \_\_\_\_\_ Who? \_\_\_\_\_

Favorite Game: \_\_\_\_\_

Favorite Toy: \_\_\_\_\_

Favorite Story: \_\_\_\_\_

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

Names of siblings and/or other family members that your child may talk about: \_\_\_\_\_

Names of family pets: \_\_\_\_\_

When your child is upset or unhappy, what seems to comfort him/her? \_\_\_\_\_

Does your family celebrate holidays? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please list below some important holidays for your family.

What are some of your goals and dreams for your child?

What are some things you hope your child to learn while in our program?

What language do you speak with your child at home? \_\_\_\_\_

*Please provide additional information on the back of this form that will help us welcome your child.*

\_\_\_\_\_ I have received information about AR Kids First and about a medical home.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**May the non-custodial parent pick up the child?**

Yes

No

If yes, include in release section. If no, documentation from the court may be required.

**Medical Information**

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Any medical conditions or special health care? \_\_\_\_\_

Hospital preferences: \_\_\_\_\_

Does your child have health insurance?      Yes      No

**Emergency contacts other than the parents (*who have permission to pick up the child*):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Persons (other than parents/guardian) authorized to pick up the child from the Center:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_