



MORNING STAR

CHRISTIAN SCHOOL

Child Information Sheet
Date Completed: _____

CHILD'S NAME: _____

Meals:

Does your child have any food allergies? Yes ___ No ___ If yes, please explain: _____

Is your child on any special diet? _____

Is your child currently nursing? Yes ___ No ___ Can your child have whole milk? Yes ___ No ___

Does your child use any of the following: Bottle ___ Sippy Cup ___ Regular Cup ___

Has your infant (0-12 mos.) started on any other foods besides formula or breast milk? Yes ___ No ___

If yes, what food/food groups has your infant had? _____

Sleeping:

What is your child's typical sleeping schedule and needs? _____

Does your child have any specific naptime routines? _____

Toileting:

Does your child use diapers? Yes ___ No ___

If yes, what kind? Disposable ___ Pull-ups ___ Cloth ___

*If cloth, note that we are unable to launder diapers; they will be bagged and sent home un-rinsed and un-emptied.

Has your child begun to potty train? Yes ___ No ___

If yes, are there "special words" or cues your child will use to let us know he/she needs to go to the bathroom?

Development:

Has your child been in child care before? Yes ___ No ___

Do you have any concerns about your child's development? ___ Yes ___ No ___ If yes, please explain:

Are there any of your child's likes/dislikes, fears, favorites, problems or concerns you would like to share with your child's provider: _____

Does your child have siblings? Yes ___ No ___ Does your family have pets? Yes ___ No ___

Child's Health History:

Does your child have any known health problems? Yes ___ No ___ If yes, please explain: _____

Please list any injuries your child has had: _____

Does your child have any known allergies? Yes ___ No ___ If yes, what are they and what are your child's possible reactions? _____

Does your child take any medication on a regular basis? Yes ___ No ___ If yes, please list the name of the medication(s) and the medical condition for which it is taken: _____

Please comment on any other medical information or special needs the child care provider should be aware of: _____

Medical/Insurance Information

Physician / Office Phone Number

Medical Insurance Name Medical Group/Policy Number

Medical Release

I hereby authorize any member of the staff of Morning Star Christian School or approved volunteers to administer first aid as required for illness or injury or consent to emergency medical treatment as deemed necessary by medical personnel including ambulance service or transport for the child(ren). I understand that every effort will be made to contact the parent or legal guardian at the time that this child(ren) needs emergency care.

This authorization is effective from today's date – August 31, 2019.

Parent/Guardian Signature Date