

Child Assessment Form

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) -- Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			

* If applicable.

1. Health

Does your child have any allergies or asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies or asthma does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		

Child Assessment Form

Are there any particular routines that are particularly helpful at naptime?

What position is most comfortable for your child when he/she is napping?

What are your child's favorite foods?

Does your child use utensils, eat with fingers, feed self?

Does your child choke easily while eating?

Yes

No

4. Activities:

What activities do you like to do with your child?

What activities does your child like to do when playing with other children?

What does your child like to do when he is playing alone?

5. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)

I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

ENROLLMENT CHECKLIST

The following forms must be completed & turned into 1st Choice Kids Academy prior to your child's start date.

Admission Packet:

- Completed Enrollment form
- Health statement from a health-care professional
- Copy of updated immunization records
- Positive Guidance & Expulsion Policy
- Child Assessment Form
- Safe Sleep (Infant's Only)
- Registration Form
- Enrollment Agreement
- Food Program Packet
- Hearing & Vision screening results (Children turning 4 years of age or older as of September 1st of the current year excludes school age children)
- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date