

GENERAL INFORMATION

Does your child have previous experience in child care? Yes/No Type of Care: _____ How long? _____

Reason for requesting child care:

Please give any information concerning your child which will help us provide better care.

Play:

Eating schedule & habits, including allergies or dietary restrictions:

Sleeping schedule & habits:

Likes, dislikes or fears:

Special words and their meanings:

Does your child have any chronic health problems or non-food allergies? Yes _____ No _____ *initial choice
If yes, describe:

Does your child need support around any social, behavioral or mental health issues? Yes _____ No _____ *initial

Are allergies or other health problems serious enough to restrict your child's activities? Yes _____ No _____ *initial
If yes, please explain:

OTHER CHILDREN IN HOUSEHOLD (optional)

Name	Relationship to child in care	Age	Sex
Name	Relationship to child in care	Age	Sex
Name	Relationship to child in care	Age	Sex

Signature of Parent or Guardian _____ Date _____

CHILD CARE RESOURCE NETWORK, a program of The Job Council, is an Equal Opportunity Employer and operates equal opportunity programs. Auxiliary aids & services are available upon request to individuals with Disabilities.