EAGLE ACADEMY EARLY LEARNING CENTER

Facts About Your Child

The information provided on this document will be used to better care for your child, while he/she is attending the Eagle Academy Early Learning Center.

OFFICE USE ONLY:

School year: __________ Teacher:______________ Grade: ________ ☐ Half Day ☐ Full Day

Immunization record on file: ☐Yes ☐No Comments: ____________________________________

Child's Name: ____ Nickname: ______________________

Gender: ☐ Girl ☐ Boy Age: ________ Date of Birth: __________ Race/Ethnicity:_________________

Parent/Guardian's Name: ____Phone: ____________________

Medical History (Please check "yes" or "no" and provide dates when applicable):

☐Yes ☐No Whooping Cough: _______________ ☐Yes ☐No Measles: ______________________

☐Yes ☐No Chicken Pox: ____________________ ☐Yes ☐No Mumps: ______________________

☐Yes ☐No Smallpox: ______________________ ☐Yes ☐No Scarlet Fever: _________________

☐Yes ☐No German Measles: _______________ ☐Yes ☐No Asthma: ______________________

Medically Diagnosed Food Allergies *(A doctor's note is required as documentation for the child's file)*:

____

Medically Diagnosed Environmental Allergies *(A doctor's note is required as documentation for the child's file)*:

____

Does your child take prescription medication? ☐Yes ☐No
Reason for medication: ____

____

Name of medication: ____

Behavioral History (Please check "yes" or "no" and provide details when applicable):

Is your child completely potty-trained? ☐Yes ☐No *(Please be reminded child should be potty-trained before entering the three-year old program.)*

Does your child show any evidence of vision or hearing loss? ☐Yes ☐No
If yes, please explain: ____

____

Over

EAGLE ACADEMY EARLY LEARNING CENTER

Facts About Your Child

Does your child show any evidence of speech difficulty? ☐Yes ☐No
If yes, please explain: ____

____

Does your child have behavior or habits such as biting, finger sucking, temper tantrums, etc.?
☐Yes ☐No
If yes, please explain which behavior(s) are applicable. ____________________________________

____

How do you work with your child regarding this behavior/habit? ___________________________

____

Does your child play well with others? ☐Yes ☐No
If no, please explain: ____

____

Does your child have responsibilities at home? ☐Yes ☐No
If yes, please explain the responsibilities: ____

____

Does your child have a schedule for bedtime? ☐Yes ☐No If yes, what time? _______________

Do you have pet(s)? ☐Yes ☐No If yes, please provide name(s): ___________________________

List the adults other than parent/guardian(s) living in the home? __________________________

____

Special instructions regarding allergies, eating habits, toileting, or areas of concern:

____

____

____

____

____

Please list any fears and/or habits:

____

____

____

____