

“Noah’s Ark” Christian Learning Center
3457 N Maple Grove Rd, Boise, ID, 83704
Phone: 375-6624 / Fax: 375-0518

Child’s Personal Information

Child’s Name: _____ Birthday _____

Health History

Has the child had any of the following (when)?

Measles _____	Whooping cough _____	Diabetes _____
Mumps _____	Scarlet Fever _____	Pneumonia _____
Rubella _____	Asthma _____	
Chicken pox _____	Eczema _____	Emotional problems _____

Has your child had any serious illnesses, operations, or accidents? Please describe:

Does the child have any FOOD allergies? What are reactions? (If **YES** - Substitute form from doctor)

Does child have frequent colds? _____ Earaches? _____ Stomachaches? _____

Does child vomit easily? _____ Run high fever often? _____

Are there any special considerations we should make for your child because of his/her physical condition?

Are there any medications for any on-going medical problems?

Physical limitations (specify): _____

Family or child’s doctor: _____ Phone: _____

Other Concerns: _____

I verify that the medical information listed is complete and accurate. I also understand that reasonable measures will be taken to safeguard the health and safety of all children, and that I or my emergency contact will be notified as soon as possible in the event of an emergency. I understand that Noah’s Ark childcare center is required by Idaho State law (Idaho code 39-1118) to keep current immunization on file. I will submit a current copy of my child’s immunization record within 14 days of enrollment and will continue to update the center after each series of immunizations in order to continue care within Noah’s Ark.

Parent’s signature

Date

Brothers and sisters of child

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Family History:

Either parent foreign born? _____ Where: _____

What is the dominant language used in the home? _____

Other languages used in the home? _____

Other members of the household (relationship and age):

When and with whom does child watch TV? _____

Marital status of Parents (optional)

Married _____ One parent household _____

Living together _____ Living separately _____

Legal custody: _____

Physical Custody: _____

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Social History

Whom does your child prefer to play with? Circle: Alone Other children Adults

Has your child had any group play experience? Where? _____

What responsibility does your child assume in toileting? _____

Word child uses for urination _____ BM _____ Usual time for BM _____

Is child right- or left-handed? _____

Does the child dress self? _____ Undress self? _____ Feed self? _____

Eating problems _____

What time does child usually go to bed at night? _____ Awaken? _____

Does child sleep well? _____ If napping in the afternoon, at what time? _____

What are child's favorite indoor play activities? _____

Outdoor play activities? _____

What types of activities does your child enjoy sharing with family members?

Describe your child's interest in literacy activities (reading, writing and drawing)

Does child have any special fears that you aware of? _____

Does child have any other problems that we should be aware of? _____

What method of behavior control is used in your home? _____

What is child's usual reaction? _____

How would you describe your child's personality? _____
