

**Messiah Lutheran Child Care Center**  
**1605 Vernon Avenue**  
**Park Ridge, Illinois 60068**

**Personal Information**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Marital Status: Married \_\_\_\_\_, Widowed \_\_\_\_\_, Separated \_\_\_\_\_, Divorced \_\_\_\_\_, Remarried \_\_\_\_\_

Other children in family:

Name	Sex	Birthdate	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any other members of household (relatives, nanny, etc.) \_\_\_\_\_

\_\_\_\_\_

Describe any ways your family is unique (e.g., foster or step relatives, handicaps, extended illnesses).

\_\_\_\_\_

Describe your child's temperament \_\_\_\_\_

Does your child have any special habits? Please describe \_\_\_\_\_

\_\_\_\_\_

Does your child exhibit temper tantrums, fears, and aggressiveness, eating problems, nervous habits?

Please describe \_\_\_\_\_

\_\_\_\_\_

Please describe your family's method(s) of guidance and discipline and your child's response \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_ Waking Time? \_\_\_\_\_ Naptime? \_\_\_\_\_

When was your child toilet trained? (age) \_\_\_\_\_

Describe your child's ability to:

Speak English \_\_\_\_\_

Understand English \_\_\_\_\_

Describe your child's ability to speak and understand other languages \_\_\_\_\_

\_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Are there any special vocabulary words used by your child? \_\_\_\_\_

\_\_\_\_\_

Does your child dress self? \_\_\_\_\_ Undress self? \_\_\_\_\_

Who are your child's most frequent playmates?	Age	Sex	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How does your child handle playing with others (side by side, shares, leadership or passive role, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child enjoy playing alone? \_\_\_\_\_

What are your child's favorite:

Indoor activities? \_\_\_\_\_

Outdoor activities? \_\_\_\_\_

Toys? \_\_\_\_\_

What group experiences has your child had (day camp, lessons, park programs, Sunday school)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Health History**

Has your child had an operation(s)? \_\_\_\_\_ Please describe \_\_\_\_\_

\_\_\_\_\_

Serious or long illness? \_\_\_\_\_ Describe \_\_\_\_\_

Any accidents? \_\_\_\_\_

Reactions to above \_\_\_\_\_

Does your child have any allergies? (If so, please fill out Messiah's extended questionnaire) Describe \_\_\_\_\_

\_\_\_\_\_

Does your child have any restrictions due to allergies or physical condition? (If so, please fill out Messiah's extended questionnaire) Describe \_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary restrictions? (If so, please fill out Messiah's extended questionnaire)

Describe \_\_\_\_\_

\_\_\_\_\_

Is your child on medication regularly? (If so, please fill out Messiah's extended questionnaire) Describe \_\_\_\_\_

\_\_\_\_\_

Reactions to this medication? \_\_\_\_\_

Does your child have frequent: colds \_\_\_\_\_ sore throats \_\_\_\_\_ tonsillitis \_\_\_\_\_

Has your child ever been: to the dentist \_\_\_\_\_ had vision tested \_\_\_\_\_ had hearing tested \_\_\_\_\_

Has your child been tested by a school district or other specialist for speech, behavior or any other cognitive issues? \_\_\_\_\_

What intervention or therapy has your child received for any speech, behavior or learning condition? \_\_\_\_\_

\_\_\_\_\_

Please tell us more about your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

