

## FIRST FRIENDS DAYCARE ADMISSION FORM

### Personal History

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Birth Date \_\_\_\_\_

### Personal History

- 1- Type of birth: Normal \_\_\_\_\_ Premature \_\_\_\_\_  
Any complications? \_\_\_\_\_
- 2- Does the child speak? Words \_\_\_\_\_ Sentences \_\_\_\_\_  
What language does your child speak as first language? English \_\_\_\_\_  
Other \_\_\_\_\_ Please list the other language: \_\_\_\_\_

### Health

1. Any known allergies: Asthma, Hay fever, Food Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are there any foods your child cannot eat? \_\_\_\_\_

### Social Relationships

1. Does your child spend time with both parents? Yes \_\_\_\_\_ No \_\_\_\_\_

If the parents are separated. How often does your child see absent parent?  
\_\_\_\_\_

2. Has your child had experiences in playing with other children? Yes \_\_\_\_\_ No \_\_\_\_\_
3. By Nature is your child: Friendly \_\_\_\_\_ Aggressive \_\_\_\_\_ Shy \_\_\_\_\_  
Withdrawn \_\_\_\_\_ Other \_\_\_\_\_
4. Do you feel your child adjusts easily to a child care situation? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does your child enjoy being alone? Yes \_\_\_\_\_ No \_\_\_\_\_
6. How does your child relate to strangers? \_\_\_\_\_
7. What makes your child angry or upset \_\_\_\_\_
8. How does your child show his or her feelings \_\_\_\_\_
9. Who does most of the disciplining? \_\_\_\_\_  
What do you find is the best way of handling your  
child \_\_\_\_\_
10. Is your child frightened by any of the following? Animals \_\_\_\_\_ Loud Noises \_\_\_\_\_