Child Questionnaire
For Newly Enrolled Children and Special Health Care Needs

Child’s Full Name: ____________________________________________________________

Nickname: __________________________________________________________________

**General Information**

Favorite Toys and Games: _______________________________________________________

Special Interests or Hobbies: ___________________________________________________

When meeting new people and making my child is: ________________________________

____________________________________________________________________________

My child can become frustrated when: ___________________________________________

____________________________________________________________________________

My child responds best to: ______________________________________________________

____________________________________________________________________________

What else would you like staff to know about your child? _________________________

____________________________________________________________________________

**Special Health Care Needs**

My child has special health care needs including chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more: Yes No

*If you selected yes, please complete this portion of the form.*

Please share information that you would like us to know about your child’s special health care needs (including illness, long term or permanent disabilities).

Is your child’s special health care need diagnosed by a physician? Yes No

Will your child require daily medication or emergency medication? Yes No

What medication will be required during program? (Include emergency medication like Epi-Pen or Inhaler)

____________________________________________________________________________

____________________________________________________________________________

Each medication (prescribed and over-the-counter) will require a Medication Consent Form completed by a physician prior to your child attending program.

There are some medications and/or medical procedures that staff are not permitted to administer.