

**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 friends 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.

