Grundy Community Preschool and Childcare Center

Childcare 1201 9th Street, Preschool 1001 8th Street Grundy Center, IA 50638

Childcare (319) 825-3565, Preschool 825-6257

General Information Intake Sheet: (For all children up to age two)

Parents: Please fill out in full and return with immunization card to the above address.

Child’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work phone \_\_\_\_\_\_\_\_\_\_\_\_Home phone\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work phone \_\_\_\_\_\_\_\_\_\_\_Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Ethnicity \_\_\_\_ Non-Hispanic \_\_\_\_\_ Hispanic

Child’s Race \_\_\_\_\_ Am Indian/Alaska Native \_\_\_\_\_Asian \_\_\_\_\_Black/African American

\_\_\_\_\_ Native Hawaiian/ Other Pacific Islander \_\_\_\_\_ White

Personal History:

Type of birth: Normal \_\_\_\_Premature \_\_\_\_ Ceasarian \_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child sit up alone? \_\_\_\_\_Crawl? \_\_\_\_\_Walk? \_\_\_\_\_\_

Has your child begun to talk? \_\_\_\_\_Speak in words or sentences? \_\_\_\_\_

Health:

What arrangements can be made for your child when he/she is ill? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What communicable diseases has your child had?

\_\_\_Red Measles/date\_\_\_\_\_\_ \_\_\_Mumps/date\_\_\_\_\_\_\_ \_\_\_Chicken Pox/date\_\_\_\_\_\_\_

\_\_\_German Measles/date\_\_\_\_\_\_ \_\_\_Other/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any serious illnesses or hospitalizations? (description and date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any physical disabilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known allergies? (asthma, hayfever, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any medication regularly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toilet Habits:

Is your child toilet trained? \_\_\_\_\_\_\_\_ In the process of being trained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you training him/her on a potty-chair? \_\_\_\_\_\_\_\_\_\_\_\_ Toilet seat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleeping Habits:

What time does your child go to bed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Awaken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is his/her mood upon awakening? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child nap in the morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Afternoon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give nap schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you rock your child at bedtime? \_\_\_\_\_Do you pat his/her back? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you lay him/her on back, side, or stomach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does he/she fuss at bedtime? \_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eating Habits:

Is your child on formula? \_\_\_\_What type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Regular milk? \_\_\_\_\_\_\_\_

What is his/her feeding schedule? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any food allergies? \_\_\_\_\_Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child eat mostly prepared baby foods? \_\_\_\_\_Processed table foods? \_\_\_\_\_\_\_\_

Does your child eat regular table foods? \_\_\_\_Does he/she use a spoon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child feed him/herself? \_\_\_\_Does he/she drink from a cup? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Relationships:

Has your child had experiences with other children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child? friendly\_\_\_ aggressive\_\_\_ shy\_\_\_ passive\_\_\_ withdrawn\_\_\_

How does your child show his/her feelings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Consent Form:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age \_\_\_\_\_do hereby give my permission and consent to the personnel of Grundy Community Preschool and Childcare Center to secure and authorize such emergency medical treatment as my above named child might require while under their supervision. I agree that I will pay all doctor and hospital bills and that said preschool and/or personnel shall not be responsible for them.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Every effort will be made to notify parents immediately in case of an emergency. Should an emergency arise, it would be helpful to have the following information:

Family physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital of choice in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other people to call in an emergency if parents can not be reached:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunization Record:

Iowa law states that parents must assure that their children are immunized against polio, diphtheria, tetanus, whooping cough, measles and rubella as a condition to enter an elementary or secondary school or daycare center in Iowa. Mumps vaccine is also required by the Department of Health. It is very important that the Grundy Community Preschool & Childcare Center comply with this law. Fill out the immunization card, have it signed by a doctor or health official and each immunization with source listed.

Grundy Community Preschool & Childcare Center

Physical exam form

Child’s full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_

Sex \_\_\_M \_\_ F Parent(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of examination: \_\_\_/\_\_\_/\_\_\_ Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print Dr., PA, or NP)

Has your child had (answer with Y or N):

\_\_\_Frequent colds? \_\_\_German measles/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Frequent sore throats? \_\_\_Mumps/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Frequent ear aches? \_\_\_Tubes in ears/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Bronchitis? \_\_\_Chicken pox/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Kidney trouble? \_\_\_Red measles/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Convulsions? \_\_\_Whooping cough/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Tonsillectomy/date\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Shingles/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other operations or serious illnesses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unusual eating problems or food dislikes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or other health conditions we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Exam:

Height: \_\_\_\_\_\_\_\_\_Weight: \_\_\_\_\_\_\_\_\_Blood pressure: \_\_\_\_\_\_\_\_\_

Vision: \_\_\_\_\_\_\_\_ Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_

Immunizations administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete head to toe assessment results:

Normal for age \_\_\_\_\_\_\_Abnormal for age \_\_\_\_\_\_\_\_Explain abnormal findings and recommendations or restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This child has been examined by me and is capable of participation in a normal preschool program: Yes \_\_\_\_\_\_No\_\_\_\_\_\_

Examining Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-up Permission Form

Child’s full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

Name Relationship Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is a separation or divorce custody problem of which we should be aware, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Names of persons who may NOT pick up the child:

Name Relationship Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_