



St. Paul's Early Childcare Center
Extended School Care In-take Form

Health History and Emergency Care

Child Information

Name: _____ Grade: _____ Date of Birth: _____

Mom: _____ Dad: _____

Phone Number in case of Emergency:

Physician/Medical Facility Information

Physician's Name: _____ Phone: _____

Facility Name: _____

Health History and Emergency Care Plan

If available, attach any health care plan information from your child's physician, therapist, etc.

- No specific medical condition
- Epilepsy/seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Diabetes
- Asthma
- Milk Allergy-If so, please attach a statement from child's physician indicating the acceptable alternative
- Food allergies-Please Specify _____
- Non-food Allergies-Please Specify _____
- LD, ADD, ADHD, Autism, or other Cognitive Disability
- Other Condition(s)-Please Specify _____

Parent/Guardian Signature: _____ Date: _____



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Family, Personality and Eating

My child has _____ brothers and _____ sisters.

We have _____ pets.

Name

Ages

Name

Type

Has your child been in daycare before? **YES** **NO**
If yes, was it a childcare center or in-home childcare? _____

How would you describe your child's personality (shy, cheerful, reserved, outgoing, etc.)?

Is there anything in particular that your child really enjoys or really dislikes?

How does your child react to other children? Is your child comfortable in groups?

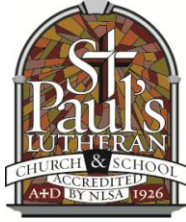
EATING: (please circle)

Food Allergies: **YES** **NO**

Please describe: _____

Is your child on a special diet: **YES** **NO**

Please describe: _____



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Development & Other

DEVELOPMENT: (please circle)

Do you have any concerns about your child's vision? **YES**

NO

Do you have any concerns about your child's hearing? **YES**

NO

Do you have any concerns about your child's development? **YES**

NO

Language

Fine Motor

Gross Motor

Social

Are your concerns being monitored by your child's physician? **YES**

NO

Please Explain:

Any other information you feel would be helpful for us to know regarding your child and or family?