



# Children of Light Academy

## CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian) Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent or Guardian completing form \_\_\_\_\_

*Please answer the questions on this form. We feel this information will help us be more effective in working with your child.*

<i>Childhood Disease</i>	<i>Yes</i>	<i>No</i>	<i>Date</i>
<i>Chicken Pox</i>			
<i>Measles</i>			
<i>Scarlet Fever</i>			
<i>3 Day/ 10 Day Rubella</i>			

Is your child taking over-the-counter or prescribed medication regularly at home? ( ) Yes ( ) No

If yes, what? \_\_\_\_\_

Is your child taking vitamins regularly at home? ( ) Yes ( ) No

If yes, what? \_\_\_\_\_

List any known allergies to food or environment \_\_\_\_\_

Describe the allergic reaction \_\_\_\_\_

Does your child complain of feeling ill often? ( ) Yes ( ) No

How often? \_\_\_\_\_

Have you ever suspected your child of having seizures? ( ) Yes ( ) No

Describe your child's appetite \_\_\_\_\_

Does your child dislike any foods? ( ) Yes ( ) No

If so, what? \_\_\_\_\_

What does your child usually eat for breakfast before arriving at the center?

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How easily does your child fall asleep? \_\_\_\_\_

What is the usual bedtime? \_\_\_\_\_

Wake up time? \_\_\_\_\_

What is the usual naptime? \_\_\_\_\_

Wake up time? \_\_\_\_\_

Is the child completely toilet trained (use the bathroom without being reminded)? ( ) Yes ( ) No

Does the child remain dry all night? ( ) Yes ( ) No

When did the child begin to walk alone? \_\_\_\_\_

Are other adults (not family) able to understand the child's speech? \_\_\_\_\_

Does your child have a regular playmate? ( ) Yes ( ) No

Same Age ( ) Yes ( ) No Older ( ) Yes ( ) No Younger ( ) Yes ( ) No

What is your child's favorite toy or activity at home? \_\_\_\_\_

Does your child have temper tantrums? ( ) Yes ( ) No

Does your child bite his nails? ( ) Yes ( ) No

Does your child twist his hair? ( ) Yes ( ) No

If you could describe your child in one word, what would it be? \_\_\_\_\_

Please list your child's strong points, such as happy, curious, loving, etc.

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Is there anything else, medical or otherwise, that we need to know about your child?

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