



# Ladybug Child Care Center

## Getting to Know Your School-Ager

Child's Full Name: \_\_\_\_\_  
Child called: \_\_\_\_\_ Date: \_\_\_\_\_

### Child Lives With:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Sibling's names & ages: \_\_\_\_\_

### Non-Custodial Parents:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Does the child see this person? \_\_\_ Will this person interact with your child at the Center? \_\_\_  
Any restrictions/limitations (COPY OF LEGAL DOCUMENTS MUST BE FURNISHED): \_\_\_\_\_

### Health

Birthdate: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_ Premature: Yes No

Does your child seem well most of the time? Yes No

Is your child taking any medications regularly (such as Tylenol, laxatives, vitamins, etc.) Yes No

If yes: what, why & when? \_\_\_\_\_

How many ear infections has child had in the past year? \_\_\_\_\_

Has your child ever been seen by a medical specialist? Yes No

If yes, explain: \_\_\_\_\_

Has your child had any other illnesses/diseases? Yes No

If yes, explain: \_\_\_\_\_

Has your child had any serious accidents, hospitalizations, etc.? Yes No

If yes, explain: \_\_\_\_\_

Has your child had any of the following (please explain all that you marked):

\_\_\_\_\_ Birth injury or defect: \_\_\_\_\_

\_\_\_\_\_ Seizures: \_\_\_\_\_

\_\_\_\_\_ Breathing problems: \_\_\_\_\_

\_\_\_\_\_ Head injuries: \_\_\_\_\_

\_\_\_\_\_ Allergies (prior to start date, this allergy must be noted on Health Care Summary by physician, an ICP must accompany enrollment paperwork, and parents must supply Ladybug with all medications listed on ICP)

\_\_\_\_\_ Eczema, hives, drug/food intolerances, asthma/wheezing, insect stings:

\_\_\_\_\_ Other: \_\_\_\_\_

### Developmental History:

Emotional Behavior: (please circle all that apply)

Happy Calm Active Whining Excitable Cheerful Stubborn Crying Cooperative  
Quiet Independent Wants own way Temper tantrums Easily angered Bossy

How do you comfort your child? \_\_\_\_\_

How does your child display anger? \_\_\_\_\_

What situations/things make your child angry? \_\_\_\_\_

What behavior do you find most difficult to deal with and how do you handle it? \_\_\_\_\_

What disciplines are most effective with your child? \_\_\_\_\_

**Food Patterns:**

Does your child have any food intolerances or allergies? (Special diet instructions and allergy information must be provided to Ladybug using the *Health Care Summary* completed by your child's physician.) \_\_\_\_\_

Does your child refuse any foods? (Please list) \_\_\_\_\_

Other information: \_\_\_\_\_

**Social & Academic Skills:**

Social Behaviors (please circle that apply):

- outgoing afraid of new people shy loud quiet adaptable worries
- meets new people easily adjusts slowly adjusts quickly easy going aggressive
- stands up for self gives in easily

What are child's favorite toys and activities? \_\_\_\_\_

What are your child's favorite school activities/subjects? \_\_\_\_\_

How does your child spend their time after school? \_\_\_\_\_

Is your child: left-handed right-handed no preference yet

Is your child able to use: (circle all that applies)

- scissors pencil crayons: fat or regular paintbrush

Please indicate which of the following your child can do:

- \_\_\_ print first name      \_\_\_ print last name      \_\_\_ recite parent(s)' first name(s)
- \_\_\_ tie shoes              \_\_\_ recite street address      \_\_\_ recite name of hometown
- \_\_\_ count to: \_\_\_      \_\_\_ recite telephone number      \_\_\_ read At what grade level? \_\_\_

Does your child have any learning or behavior problems which require special attention? Y N

If yes, explain and indicate how this is being handled now: \_\_\_\_\_

What will Ladybug staff need to do to help? \_\_\_\_\_

What would you like us to do for your child? \_\_\_\_\_

Suggestions to help us be more effective with your child? \_\_\_\_\_

Addition Comments: \_\_\_\_\_

**Thank you for helping us get to know your child!**