

**Pre-School School-Age  
General Information**

**Name:**

Child's Name:

Birthdate:

Parent's Name:

Does your child have any ALLERGIES?

Any special needs?

Please list any information concerning your child which will help us give better care:

Special Dietary needs:

Vegetarian?

Non Dairy?

Sleep: What are child's nap times and sleep habits?

What is usual routine for putting to sleep?

Is your child toilet trained?

Toileting Schedule:

Child's likes and dislikes:

How do you comfort your child when upset?

Special words and their meanings:

**PERMISSION FOR NON-PRESCRIPTION MEDICATION AND INSTRUCTIONS**

All sunscreen must be supplied by the parent.

Will your child need sunscreen?

Directions for use:

Parent Signature:

Date: