

INTAKE FOR ALL CHILDREN – ADDITIONAL INFORMATION

Use of form: This form collects additional information about children in order to aid child care workers in individualizing the program of care for the child in a family or group day care center. Personally identifiable information on this form is collected to assist in providing quality child care services and will be used only for this purpose. [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: This form is to be completed by a parent/guardian and must be on file at the center prior to a child's first day of attendance. Regular updates are not required. This form should be attached to either the Intake Under Two or Intake Over Two form, and kept in the room where care is provided. If additional space is needed, attach a separate sheet.

CHILD INFORMATION

| | | |
|--------------------------------|-------------------|------------------------|
| Name – Child (Last, First, MI) | Nickname (If any) | Birthdate (mm/dd/yyyy) |
|--------------------------------|-------------------|------------------------|

ALLERGIES Note: Health conditions, including allergies, that may affect the care of the child must be recorded on the department's form, Health History and Emergency Care Plan.

Child has food allergies.

Yes No If "Yes" – Describe. Attach doctor-signed documentation

UPDATES

Child has non-food allergies

Yes No If "Yes" – Describe. Attach doctor-signed documentation

UPDATES

SMOKING

Did the child's mother smoke during pregnancy?

Yes No If "Yes" – Specify:

Is the child exposed to second-hand smoke?

Yes No If "Yes" – Specify:

DENTAL HEALTH

Does the child brush his/her teeth at home?

Yes No If "Yes": Independently With Help

Does the child ever go to bed with a bottle or sippy cup?

Yes No If "Yes": Bottle Sippy Cup Milk/Formula Juice Water

Child's Dentist:

UPDATES

HOLIDAYS AND CELEBRATIONS

What holidays and celebrations are celebrated by your family? How are they celebrated?

SIGNATURE – Parent

Date Signed