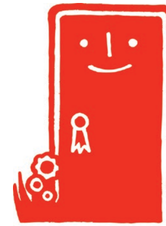
Alberta Early Learning and Child Care Centre



Alberta Approved Family Day Homes

Last Updated:
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____
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CHILD: ___________________________________

OLDER CHIDREN:3-12 YEARS HEALTH INFORMATION

Medical Sensitivities or Allergies:

Foods: ____

Other: ____

Does your child have a chronic medical condition or take regular medication? ☐Yes ☐None known yet

Please Specify____

Are your child's immunizations up to date? ☐Yes ☐No

Has your child's eyesight been tested? ☐Yes ☐No

Has your child's hearing been tested? ☐Yes ☐No

Eating Habits:

Does your child have food preferences? ☐Yes ☐No

Food Likes: ____

Dislikes: ____

Eating Schedule: ____

Self Help Skills: ☐Feeds Self ☐Wash Self ☐Brush own teeth ☐Dress self

Toileting:

Does your child require assistance in the washroom? ☐Yes ☐No ☐working on it ☐ has accidents

☐Training Pants ☐Under pants

Sleeping Habits:

Does your child still require a nap? ☐No ☐Yes-

How long are they permitted to nap? _________________hours/minutes

What days of the week: ☐Monday ☐Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Does your child snore? ☐Yes ☐No Does your child have sleep apnea? ☐Yes ☐No

How does your child fall asleep?

☐music ☐sleeps on back

☐sleeps on front ☐takes a long time to fall asleep

☐quiet sleeper ☐restless sleeper

☐falls asleep quickly ☐sleeps better if it's cool

☐sleeps better if it's warm ☐deep sleeper

☐light sleeper

Play Habits:

Does your child have security item? ☐No ☐Yes- please specify ____

What is your child's favorite toy? ____

What activities does your child enjoy most? ____

Does your child work well with others? ☐Yes ☐No-What are your concerns ____

____

Does your child enjoy books/ hearing stories? ____

Does your child enjoy music? ____

Child's other interests? ____

How is your child disciplined at home? ____

Does your family have pets? ☐No ☐Yes- Please specify: ____

____

Behaviors:

Does your child have any fears we should be aware of? ____

How do you know when your child is not feeling well? ____

How does your child react to new people and new situations? ____

How do you calm your child if they are stressed? ____

angry? ____

tired? ____

sad? ____

other? ____

What extra-curricular activities does your child participate in? ____

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Other Comments: (please note anything else that may affect the care of your child) ____

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