



SP-CCC Interview Day Time

Earliest Requested Start Date: _____ **Approved SP-CCC Start Date:** _____

Sex Grade

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health: _____

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?

.(please circle)

Does your child have any problems with any of these?

Constipation

Convulsions

Diarrhea

Fainting Spells

Frequent Colds

Frequent Ear Infections

Frequent Sore Throats

Lice

Ringworm

Skin Rash

Soiling

Stomach Upsets

Urinary Problem

Worms

Has your child had any of these diseases?

Asthma

Bronchitis

Chicken Pox

Diabetes

Heart Disease

Hepatitis

Impetigo

Measles

Mumps

German Measles

Polio

Scarlet Fever

Tuberculosis

Whooping Cough

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

About Your Child

Has your child ever been in child care before?_____ What type (center, family daycare, grandma etc.)_____

Was it a positive experience?_____

Why are you looking for child care?_____

How does your child feel about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? _____

What is your normal method of discipline?_____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

Are there any food restrictions?_____

What is your child's favorite food? _____

What food does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? _____

What words does your child use for: Bowel movements _____ urination_____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Do they sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

Any specific concerns?
