

LIGHT OF CHRIST CATHOLIC PRESCHOOL
2176 Marilyn St.
Clearwater, FL 33765

CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE
(To be completed by parent or guardian)

Date _____

Child's Full Name _____

Date of Birth _____ Race _____ Sex _____

Name of Parent/Guardian Completing Form _____

As a supplement to the Student Physical Examination, please answer the questions on this form. We feel this information will help us to be more effective in working with your child.

<u>Childhood diseases child has had</u>	<u>Date</u>
_____ Chicken Pox	_____
_____ Measles _____ 3 day(Rubella)	_____
_____ 10 day (Rubella)	_____
_____ Scarlet Fever	_____
_____ Rheumatic Fever	_____
_____ Mumps	_____
_____ Strep Throat	_____

Is your child taking over-the-counter medication regularly at home? yes no
If yes, what? _____

Is your child taking vitamins regularly at home? yes no
If yes, what? _____

List any known allergies to food or environment _____
What is the allergic reaction? _____

Does your child complain of feeling ill often? _____

Have you ever suspected your child of having seizures (fits)? _____

Describe your child's appetite _____

Does the child dislike any foods? _____ If so, what? _____

What does your child usually eat for breakfast before arriving at the center? _____

How easily does your child fall asleep? _____

What is the usual bedtime? _____ Wake up time? _____

What is the usual naptime? _____ Wake up time? _____

Is the child completely toilet trained? _____ yes _____ no

Does the child remain dry all night? _____ yes _____ no

When did the child begin to walk alone? _____

Are other adults (not family) able to understand the child's speech? _____

Does your child have a regular playmate? _____ Same age _____ Older _____ Younger

What is your child's favorite toy or activity at home? _____

Does your child have temper tantrums? _____ Bite nails _____ Twist hair? _____

If you could describe your child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving, etc. _____

Is there anything else, medical or otherwise, that we need to know about your child? _____

