



## CHILD DEVELOPMENT

In order for us to provide quality care for your child, we need to understand a bit about the child development history. Feel free to write in as much information as you like. Use additional space at the end of this form if necessary.

### ACTIVITIES

Please list your child's favourite toys and activities: \_\_\_\_\_

What do you consider your child's activity level to be: \_\_\_\_\_

Normal \_\_\_\_\_ tends to get hyper \_\_\_\_\_ prefers quiet activities \_\_\_\_\_ prefers outdoors \_\_\_\_\_

### HEALTH

Any special health conditions: \_\_\_\_\_

Child will need the following special provisions: \_\_\_\_\_

Is there anything we should know about your child's physical or mental health: YES NO

If yes please elaborate: \_\_\_\_\_

Has your child been hospitalized: YES NO

If yes please explain: \_\_\_\_\_

Has your child had any injuries with fractures or loss of consciousness? YES NO

If yes please explain: \_\_\_\_\_

Last vision exam: \_\_\_\_\_ Last physical exam: \_\_\_\_\_

Does your child have problems with: (circle or highlight all that apply)

constipation	convulsions	diarrhea	skin rash	ringworm	fainting spells
worms	sore throats	ear infections	soiling	lice	Stomach ulcers

Has your child had any of the following diseases: (circle or highlight all that apply)

Asthma	Chicken Pox	Hepatitis	Impetigo	Diabetes	Bronchitis	Po
Scarlet Fever	Mumps	Heart Disease	COVID-19	Whooping Cough	German Measles	

### SLEEPING HABITS

Does your child nap: YES NO Regular nap time schedule: Yes No What time: \_\_\_\_\_

Does your child have a favorite toy/blanket that he/she likes to sleep with: Yes NO

Elaborate: \_\_\_\_\_

### TOILET HABITS

Is your child toilet trained: YES NO Does your child wear diapers during nap time: YES NO

What word does your family use for Urination: \_\_\_\_\_ For Bowel movement: \_\_\_\_\_

Does your child have accidents: YES NO

If yes please explain how you handle this: \_\_\_\_\_

### ADJUSTMENT

Do you expect any adjustment difficulties when your child begins care? Explain: \_\_\_\_\_

Previous childcare attended: \_\_\_\_\_ Any problems: \_\_\_\_\_

### **SOCIAL DEVELOPMENT**

Is your child used to playing with other children: YES NO

Does your child have trouble separating from you when being dropped off: YES NO

If yes, what do you do to assist your child: \_\_\_\_\_

Does your child make shy or have trouble adjusting to new places and faces: YES NO

If yes, in what way do you assist your child: \_\_\_\_\_

Does your child have a tendency to run away: YES No

How does your child express anger or frustration: \_\_\_\_\_

Does your child have a tendency to throw temper tantrums: YES NO

If yes, how do you handle this: \_\_\_\_\_

When your child is upset, what do you do to comfort him/her: \_\_\_\_\_

Does your child have any particular fears: \_\_\_\_\_

What method of child guidance do you use with your child: \_\_\_\_\_

Is there anything you are concerned about with your child's social development: YES NO

If yes, elaborate: \_\_\_\_\_

### **LANGUAGE DEVELOPMENT**

Is your child using words: YES NO Does your child speak in sentences: YES NO

Is a second language spoken in your home: YES NO What language: \_\_\_\_\_

Does your child have difficulty with his/her speech: YES NO

If yes please elaborate: \_\_\_\_\_

### **FOODS**

What foods does your child like: \_\_\_\_\_

What foods does your child dislike: \_\_\_\_\_

What do you do when your child refuses to eat: \_\_\_\_\_

What drinks does your child prefer: \_\_\_\_\_ Does your child drink a lot of fluids: YES

Would you describe your child's appetite as: GOOD \_\_\_\_\_ OKAY \_\_\_\_\_ NOT GOOD \_\_\_\_\_

### **FAMILY LIFE**

Parents are: Married Commonlaw Divorced Separated Widowed Single

If applicable, Parent / Guardian with Legal Custody: \_\_\_\_\_

Please tell us who else lives at home with you and your child:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please note here any special family concerns we should be aware of : \_\_\_\_\_

### **OTHER**

Anything else you would like us to know about your child (general personality, developmental issues, tendency towards affection, etc.

\_\_\_\_\_  
\_\_\_\_\_

## PERMISSION FORM

### **EXCURSIONS OFF DAYCARE PROPERTY**

Parent Initial \_\_\_\_\_

I give permission for my child to go on walks within the community and off daycare property (Kinsmen Park/Ecole Corinthia Park School/Civic Centre Park/Leduc Splash Park. Any other Field Trips additional Consent Forms will require parent Signatures. Staff / Child ratios will remain in effect on all field trips.

### **PICTURES AND VIDEOS**

Parent Initial \_\_\_\_\_

I hereby grant my consent for \_\_\_\_\_ (child's name) to be photographed and/or videotaped during special events while at Agapeland Day Care & OSC. I understand that these pictures may be displayed at the centre. Information and documentation (reports, photographs, written notes, etc,...) that is given to a parent of the Centre regarding children is confidential. Request for any such information is to be referred to the Director. Parents have the option of requesting photos of their children. If a parent is in possession of photographs where there are other children besides their own, the parent needs to be aware that this photo is being given for personal use only and is not to be modified and/or distributed for any reason. If you are in possession of a photo with another child in the Centre, you acknowledge that you are aware that you are not to distribute, share and / or modify these photographs. You are also aware that the photo's taken by the day Care Centre remain the actual property of Agapeland Day Care & OSC.

### **MEDICATION ADMINISTRATION**

Parent Initial \_\_\_\_\_

I am aware that any staff holding current First Aid may administer medication with a signed Medication Form. All Medication must be brought to centre in original bottle / container. Staff will do everything possible to ensure that my child is safe, including regular taking temperatures, monitoring child behaviours, applying cool cloths, and administering medication in the proper dosages for my child's age and /or weight according to the bottle.

### **CREAMS, LOTIONS, and POWDERS**

Parent Initial \_\_\_\_\_

I give permission for Agapeland Day Care & OSC to apply creams (such as Vaseline etc...) and/or hand lotion (such as Vaseline Intensive Care) and/or powders (such as Baby Powder, cornstarch, etc...) to \_\_\_\_\_ (child name) as needed. Application will be done according to the Manufacturer's directions (or parents instructions as written).  
**I understand that I need to notify staff if my child brings any lotions, powders, creams, lipbalms etc... to Day Care. I also understand that a Medication Authorization Form needs to be completed for any of the items.**

### **SUNSCREEN USE**

Parent Initial \_\_\_\_\_

I give permission for Agapeland Day Care & OSC to apply sunscreen on \_\_\_\_\_ (child's name) to exposed skin areas before going outside in the Spring-Autumn months as directed by the sunscreen manufacturer.

### **WATER PLAY**

Parent Initial \_\_\_\_\_

I give consent for \_\_\_\_\_ (child's name) to participate in water related activities including but not limited to; water sensory play, small pool and sprinkler activities and water spraying toys while at Agapeland Day Care & OSC.

### **POLICY and PROCEDURE MANUAL**

Parent Initial \_\_\_\_\_

A copy of all our Policies and Procedures is located in the Front Entrance way of our centre, for your information.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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