AUGUST HOME DAYCARE

Toddler/Preschool Social Resume

Child's Name: _____

Does your child have a nickname? ☐ Yes ☐ No If Yes, what is it? _____

Family

Names of others living in the home | Relationship to child

_____ _____

_____ _____

_____ _____

What languages are spoken in your home? _____

Does your child have any pets? ☐ Yes ☐ No If Yes, what are they? _____

Food

Describe your child's appetite: _____

_____

What foods does your child dislike? _____

_____

What foods does your child like? _____

_____

What foods do you not permit your child to eat? _____

_____

Does your child feed him/herself? ☐ Yes ☐ No If help is needed, what kind of help? _____

_____

What time does your child usually eat: Breakfast _____ Lunch _____ Snack _____ Supper _____

Self-Care

Please comment about bathroom routines or training procedures:

Is your child in diapers? ☐ Yes ☐ No _____

Has training begun? ☐ Yes ☐ No _____

Is your child completely trained? ☐ Yes ☐ No _____

Does your child need help? ☐ Yes ☐ No _____

Do you use any special words pertaining to toileting? ☐ Yes ☐ No If Yes, please list: _____

_____

Does your child need any help with dressing? ☐ Yes ☐ No If Yes, what kind of help? _____

_____

Does your child nap? ☐ Yes ☐ No If Yes, what are his/her current nap time routines? _____

_____

Do you or does your child have any concerns relating to nap time? ☐ Yes ☐ No Please describe: _____

_____

Social/Emotional Development

Does your child separate easily from you? ☐ Yes ☐ No Please comment: _____

_____

Is your child shy? ☐ Yes ☐ No ☐ Sometimes

With whom? _____

When? _____

Is your child afraid of anything? ☐ Yes ☐ No Please describe: _____

_____

How does your child show feelings of:

Affection _____

Fear _____

Anger _____

Frustration _____

Excitement _____

Does your child have a favorite toy, blanket, bottle, or soother? ☐ Yes ☐ No

Please identify. _____

_____

Has your child experienced play with other children? ☐ Yes ☐ No Please describe: _____

_____

Does your child have any imaginary playmates? ☐ Yes ☐ No If Yes, please comment: _____

_____

What activities does your child like? _____

_____

What activities does your child dislike? _____

_____

How do you handle discipline in your home? _____

_____

What characteristics in your child's development would you like:

Encouraged? _____

_____

Discouraged? _____

_____

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

_____

_____

_____

_____

Date: _____/_____/_____
Year Month Day

_____
Parent/Guardian signature

AUGUST HOME DAYCARE

Child's Health Resume (Required Form)

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Child Care Regulation 36 requires every licensee to keep a record with respect to each child attending the facility that includes: (a) child's name and date of birth, (b) names, addresses and telephone numbers of the child's parents, persons to contact in the case of an emergency and the child's medical practitioner, (c) any allergies, illness or other medical condition and (d) the child's immunization status.

Child's Name: _____ Starting Date: _____/_____/_____
Year Month Day

Date of Birth: _____/_____/_____
Year Month Day

Parent/Guardian Name: _____ **Parent/Guardian Name:** _____

Home Address: _____ Home Address: _____

Postal Code: _____ Postal Code: _____

Home phone: _____ Home phone: _____

Place of business: _____ Place of business: _____

Business phone: _____ Business phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Are both parents listed above authorized to remove the child from the child care facility? ☐ Yes ☐ No

Comments: _____

_____

In case of emergency, the Childcare provider will contact the following physician for medical treatment:

Physician's Name: _____

Address: _____

Phone: _____

Provide the names of two other persons to contact in case of emergency.

1. **Name:** _____ 2. **Name:** _____

Relationship: _____ Relationship: _____

Home phone: _____ Home phone: _____

Business phone: _____ Business phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

AUGUST HOME DAYCARE

Medical History

Check (√) any of the following illnesses which the child has had:

☐ Asthma	☐ Earaches	☐ Mumps	☐ Whooping cough
☐ Bronchitis	☐ Eczema	☐ Pneumonia	☐ Injuries – please list _____
☐ Chickenpox	☐ Frequent colds	☐ Polio	_____
☐ Convulsions	☐ Influenza	☐ Rheumatic fever	☐ Other - please list _____
☐ Croup	☐ Measles (German)	☐ Scarlet fever	_____
☐ Diphtheria	☐ Measles (red)	☐ Tonsillitis	_____

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

Allergies

Does your child have any known **drug** allergies? ☐ Yes ☐ No If Yes, what are they, and what are your child's reactions?

_____

_____

Does your child have any known **food** allergies? ☐ Yes ☐ No If Yes, what are they, and what are your child's reactions?

_____

_____

Does your child have any **other** allergies? ☐ Yes ☐ No If Yes, what are they, and what are your child's reactions?

_____

_____

Other Medical Information

Does your child take any medication on a regular basis? ☐ Yes ☐ No If Yes, please give the name of the medication and the medical condition for which it is taken. (**Must fill-out Medication Form**) _____

_____

Are there any restrictions on the kind and/or amount of physical activity in which your child may participate?

☐ Yes ☐ No If Yes, please identify. _____

_____

Has your child ever undergone surgery? ☐ Yes ☐ No If Yes, please list. _____

_____

_____

Are there any special diets necessary for your child's health? ☐ Yes ☐ No If Yes, please describe._____

_____

_____

Please comment on any other medical information the child care service should be aware of._____

_____

_____

_____

Date: _____/_____/_____ _____

Year Month Day Parent/Guardian Signature

Excursion and Transportation Consent
(Required Form)

I hereby give permission to AUGUST HOME DAYCARE
(Name of child care provider)

for my child _____ for the following:
(Name of child)

to participate in excursions, not involving transportation or neighbourhood walks:

☐ Yes ☐ No

to participate in excursions involving public or private transportation

☐ Yes ☐ No

Comments or Exceptions:

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____ Parent/Guardian Signature _____

Note: When a parent or guardian does not authorize his/her child to participate in an excursion, AUGUST HOME DAYCARE will provide alternate care.

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