CITICUS MARIES  ONLY PROFESSIONAL STATE  ONLY PROFESSIONAL PROPERTY AND STATE OF THE COLOR OF PROFESSION OF PROFESSIONAL P	CHILD'S PREADMISSION	HEALTI	H HISTORY—PAR	RENT'S	S REPOR	RT			
SOTION DESCRIPTION DESCRIPTION OF PRINCIPLE RANGE OF PRINCIPLE IN TORK WITH DURING THE CHILD SERVING STORM SUPERVISION OF PRINCIPLOS STORM SUPERVISION OF PRIN	CHILD'S NAME SEX					BIRTH DATE			
ETHEL DEED EER UNDER FLOAT SURFECTION OF PRYSOLARY  DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)  MUMED A*  MONTHS  DATES  DAT	FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME					DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?			
DEVELOPMENTAL HISTORY ("For Infants and preschool-age children only)  WAXED AT  MONTHS  CEAN TAXING AT  MONTHS  DATES  DA	MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME					DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?			
WACKED AT WACKED AT WACKED AT THE MORE AND TRUMBE AT THE ACTIVITY OF THE DESCRIPTION OF THE DAY SECOND DESCRIPTION OF THE DESCRIPTION OF THE DAY SECOND DESCRIPTION OF THE DESCRIPTION O	IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?					DATE OF LAST PHYSICAL/MEDICAL EXAMINATION			
MORTHS  PAST ILLNESSES — Check Illnesses that child has had and specify approximate dates:  Chicken Pox  DATES  Poliomyeilitis  Ten-Day Measles (Rubeola)  Three-Day	DEVELOPMENTAL HISTORY (*For in	fants and pres	chool-age children only)						
DATES    DATES   DATES   DATES		NITIO .	BEGAN TALKING AT*		MONTHO	TOIL	ET TRAINING	S STARTED AT*	
DATES  Chicken Pox Asthma Asthma Resumatic Fever Mumps  Mu			ls had and specify approx	rimate dat		es:			MONTHS
Ashtma Rheumatic Fever Hay Fever Hay Fever Munoping cough Mumps Whooping Cough Mumps Who Doss Child Discounting Cough Mumps Whooping Co									DATES
Relematic Fever    Whooping cough   Three-Day Measles (Rubella)	■ Chicken Pox		■ Diabetes				Polion	nyelitis	
HAY FEVER Hay Fever Hay Fever House Serious on Severe (LINESSES OR ACCIDENTS  DOES CHILD HAVE FREQUENT COLDS?  YES NO HOW MANY IN LAST YEAR?  USY ANY ALLERGIES STAFF SHOULD BE AWARE OF  UNCH DESCRIPTION OF CHILD SEEP WELL?*  UNCH DINNER  WHEN?*  HOW LONG?*  UNCH DINNER  ANY POOD DISURES?  ARE BOVE MOVEMENTS REQULAR?*  WHEN TAKE USUAL ENDS HOURS?  WORD USED FOR URINATION?*  WHEN TAKE USUAL ENDS HOURS?  ARE BOVE MOVEMENTS REQULAR?*  WHEN TAKE USUAL TIME?*  WHEN TAKE USUAL TIME?*  WORD USED FOR URINATION?  WORD USED FOR URINATION.*  WORD USED FOR URINATION.*  IF YES, WHAT KIND.  DOES CHILD USE ANY SPECIAL DEVICE(S).  FYES, WHAT KIND.  OPERATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?	■ Asthma		■ Epilepsy						
Mumps (Rubella)  When service is a server elements service and experience of a colority.  When the colority is a colority is a colority is a colority.  DOES CHILD SEEP DURING THE DAY?  WHEN?  WHEN IS USUAL TIME?	■ Rheumatic Fever		■ Whooping cough			_   _	, , ,		
DOES CHILD HAVE FREQUENT COLDS?  If yes No No Nord Used For Jowes Movement*  WART TIME DOES CHILD SLEEP WEILD?  JUNCH  JOHN MANY IN LAST YEAR?  JUST ANY ALLERGIES STAFF SHOULD BE AWARE OF  JUST ANY ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST ANY ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST ANY ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST ANY ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF  JUST AND ALLERGIES STAFF SHOULD SHOULD BE AWARE OF DOES OF THE SHOULD BE AWARE OF	■ Hay Fever		■ Mumps						
DOBS CHILD SEE FREQUENT COLDS? YES NO  DAILY ROUTINES ("For infants and preschool-age children only)  WHAT TIME DOSS CHILD GET UP?"  WHAT TIME USUAL EATING HOURS?  BREAKFAST  LUNCH  LU	SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNES	SES OR ACCIDEN	TS	•					
WHAT TIME DOES CHILD GET UP?*  WHAT TIME DOES CHILD SLEEP WELL?*  DOES CHILD SLEEP WELL?*  WHAT THE DOES CHILD GO TO BED?*  WHAT THE DOES CHILD GO TO BED?*  WHAT THE DOES CHILD SLEEP WELL?*  HOW LONG?*  WHAT THE DOES CHILD GO TO BED?*  HOW LONG?*  WHAT THE BOES CHILD GO TO BED?*  WHAT THE DOES CHILD THE PRESCRIBED MEDICATION(S)*  WHAT IS USUAL TIME?*	DOES CHILD HAVE FREQUENT COLDS? Y	HOW MANY IN LAST YEAR?			S STAFF SHOULD BE AWARE OF				
WHAT TIME DOES CHILD GET UP?*  WHAT TIME DOES CHILD SLEEP WELL?*  DOES CHILD SLEEP WELL?*  WHAT THE DOES CHILD GO TO BED?*  WHAT THE DOES CHILD GO TO BED?*  WHAT THE DOES CHILD SLEEP WELL?*  HOW LONG?*  WHAT THE DOES CHILD GO TO BED?*  HOW LONG?*  WHAT THE BOES CHILD GO TO BED?*  WHAT THE DOES CHILD THE PRESCRIBED MEDICATION(S)*  WHAT IS USUAL TIME?*	DAILY ROUTINES (*For infants and pre	eschool-age ch	l ildren only)						
DIET PATTERN: (What does child usually gat for these meals?) LUNCH DINNER  ANY FOOD DISLIKES?  ANY EATING PROBLEMS?  ARE BOWEL MOVEMENTS REGULAR?  ARE BOWEL MOVEMENTS REGULAR?  WHAT IS USUAL TIME?						DOES CHILD SLEEP WELL?*			
(What for these meals?)   LUNCH   DINNER	DOES CHILD SLEEP DURING THE DAY?*		WHEN?*			HOW LONG?*			
Eat for these meals?)  DINNER  DINNER  ANY FOOD DISLIKES?  ANY EATING PROBLEMS?  ANY EATING PROBLEMS?  ANY EATING PROBLEMS?  ANY EATING PROBLEMS?  WHAT IS USUAL TIME?*  WARD USED FOR URINATION*  WORD USED FOR URINATION*  WORD USED FOR URINATION*  WORD USED FOR URINATION*  IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?  IF YES, NAME OF DOCTOR:  DOES CHILD TAKE PRESCRIBED MEDICATION(S)?  WE SIND  DOES CHILD USE ANY SPECIAL DEVICE(S):  FYES, WHAT KIND:  DOES CHILD USE ANY SPECIAL DEVICE(S) AT IF YES, WHAT KIND:  PARENT'S EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?	DIET PATTERN: BREAKFAST		ТАНЖ			WHAT ARE U	RE USUAL EATING HOURS?		
ANY FOOD DISLIKES?  ANY EATING PROBLEMS?  ARE BOWEL MOVEMENTS REGULAR?*  WHAT IS USUAL TIME?*						LUNCH			
IS CHILD TOILET TRAINED?*  IF YES, AT WHAT STAGE:*  ARE BOWEL MOVEMENTS REGULAR?*  WHAT IS USUAL TIME?*  WHAT	DINNER						DINNER		
WORD USED FOR 'BOWEL MOVEMENT*  PARENTS EVALUATION OF CHILD'S HEALTH  IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?   F YES, NAME OF DOCTOR:   DOES CHILD TAKE PRESCRIBED MEDICATION(S)?   IF YES, WHAT KIND AND ANY SIDE EFFECTS:   YES ■ NO   NO   NO DOES CHILD USE ANY SPECIAL DEVICE(S):   IF YES, WHAT KIND:   DOES CHILD USE ANY SPECIAL DEVICE(S) AT IF YES, WHAT KIND:   PARENTS EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?	ANY FOOD DISLIKES?				ANY EATING PR	ROBLEMS?			
WORD USED FOR 'BOWEL MOVEMENT*  PARENTS EVALUATION OF CHILD'S HEALTH  IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?   F YES, NAME OF DOCTOR:   DOES CHILD TAKE PRESCRIBED MEDICATION(S)?   IF YES, WHAT KIND AND ANY SIDE EFFECTS:   YES ■ NO   NO   NO DOES CHILD USE ANY SPECIAL DEVICE(S):   IF YES, WHAT KIND:   DOES CHILD USE ANY SPECIAL DEVICE(S) AT IF YES, WHAT KIND:   PARENTS EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?	IS CHILD TOILET TRAINEDS*		STAGE.* ARE ROWEL MOVEMENTS I		FGIII AR2*	GULAR?* WHAT IS USUAL TIME?*			
WORD USED FOR URINATION*  WORD USED FOR URINATION*  WORD USED FOR URINATION*  WORD USED FOR URINATION*  IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? IF YES, NAME OF DOCTOR:  YES NO  DOES CHILD TAKE PRESCRIBED MEDICATION(S)? IF YES, WHAT KIND AND ANY SIDE EFFECTS:  YES NO  DOES CHILD USE ANY SPECIAL DEVICE(S):  YES NO  PARENTS EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?								THE COURT TIME	
PARENTS EVALUATION OF CHILD'S HEALTH  IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?  IF YES, NAME OF DOCTOR:  DOES CHILD TAKE PRESCRIBED MEDICATION(S)?  YES NO  DOES CHILD USE ANY SPECIAL DEVICE(S):  FYES, WHAT KIND:  DOES CHILD USE ANY SPECIAL DEVICE(S) AT IF YES, WHAT KIND:  HOME?  YES NO  PARENTS EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?				WORD USED FOR URINATION					
YES NO  DOES CHILD USE ANY SPECIAL DEVICE(S):  IF YES, WHAT KIND:  DOES CHILD USE ANY SPECIAL DEVICE(S) AT IF YES, WHAT KIND:  HOME?  YES NO  PARENT'S EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?	WORD USED FOR "BOWEL MOVEMENT"								
YES NO  DOES CHILD USE ANY SPECIAL DEVICE(S):  IF YES, WHAT KIND:  DOES CHILD USE ANY SPECIAL DEVICE(S) AT IF YES, WHAT KIND:  HOME?  YES NO  PARENT'S EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?									
YES NO  DOES CHILD USE ANY SPECIAL DEVICE(S):  IF YES, WHAT KIND:  DOES CHILD USE ANY SPECIAL DEVICE(S) AT IF YES, WHAT KIND:  HOME?  YES NO  PARENT'S EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?									
■ YES ■ NO  DOES CHILD USE ANY SPECIAL DEVICE(S):  IF YES, WHAT KIND:  DOES CHILD USE ANY SPECIAL DEVICE(S) AT IF YES, WHAT KIND:  HOME?  YES ■ NO  PARENT'S EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?	IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? F YES, NAME OF		DOCTOR:	l			ICATION(S)?	IF YES, WHAT KIND AND	ANY SIDE EFFECTS:
PARENTS EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?									
PARENT'S EVALUATION OF CHILD'S PERSONALITY  HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?		IF YES, WHAT KIND:					EVICE(S) AT	IF YES, WHAT KIND:	
HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?	▼YES ■ NO		■ YES ■ NO						
HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?									
	PARENT'S EVALUATION OF CHILD'S PERSONALITY								
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?	HOW DOES CHILD GET ALONG WITH PARENTS, BROWN	OTHERS, SISTERS	AND OTHER CHILDREN?						
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?									
	HAS THE CHILD HAD GROUP PLAY EXPERIENCES?								

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)	
WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?	
REASON FOR REQUESTING DAY CARE PLACEMENT	
PARENT'S SIGNATURE	DATE
LIC 702 (8/08) (CONFIDENTIAL)	'