

Joyful Journeys Child Care Child History

Child's Name	First	Middle	Last
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1. **Last Physical Examination** or the date my child was last seen by a health care provider for reasons other than immunizations: _____
2. **(option) Child's Weight** _____ lbs **Child's Height** _____ ft _____ inch
3. **Allergies, medications**, expected symptoms, method of treatment if necessary:
(please write "none" if not applicable)

List all medications my child is currently taking: _____
(This provider needs a health plan signed by child's health care provider)

4. My Child's Health Care Provider Information

Name: _____
Address & phone number: _____

5. My Child's Dentist Information

Name: _____
Address & phone number: _____

6. (option) My child's current daily schedule is

Wake-up time: _____
Nap time: _____
Eating time: _____

7. (option) About my child's preference (use back side if need more space)

He/she likes toys relative to _____ Color _____ Animal(s) _____
Food _____ Character(s) _____ Etc. _____

**8. (option) How would you wrap up his/her personality?
(ex: concentration, independence, level of activities...)**

9. Your child names or nick names used at home:

10. My family or Household members

Name	Relationship	Ages

11. Would you tell us your concerns about development of my child such as health development, learning process, sensitivity and so on? It makes us to prepare the most comfortable environment as much as we can. Please use back side if you need more.

Parent/Guardian Signature	Date
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