

Celebration Academy Family Information

Child_____

Please help us plan for your child's needs by providing the following information. The information will remain confidential. Please update as necessary.

What opportunities does your child have to play with other children?

Neighborhood Sunday School/Church Cousins/other family
 Nursery School or other classroom experience

What are your child's favorite play activities?

Do you consider them easy or hard to manage?

What methods of discipline have you found most effective?

What fears does your child have?

How are they expressed?

What do you and your child enjoy doing together?

Does your child have a pet? Type of pet_____ Name of pet_____

Does your child have special words for going to the bathroom, etc. that we should be aware of?

Is child in diapers? Are bowel and bladder functions regular and under control?

What communicable disease has the child had? Indicate age:

Chicken Pox Scarlet Fever Mumps Measles Impetigo

Does your child frequently have any of the following?

Colds Coughs Ear Infections Tonsillitis High Fever
 Upset Stomach Convulsions Seizures

Has your child had serious illness, surgery, or hospital stay? If so, please describe condition and child's reaction.

Is your child taking any regular medication? If so please describe:

Does your child have any allergies including food allergies? If so please describe:

Does your child have any dietary restrictions? If so please describe:

Is this because of allergy, family preference, medical needs, other?

Describe your child's overall health:

Does your child have physical handicaps, speech problems or emotional problems? Yes No

If yes please explain:

Please give any additional information you think may be important:

What hopes and expectations do you have for your child from our program?

Celebration Academy reserves the right to dismiss any child if he/she is unable to participate in group experiences or if fees have not been paid.