

Rainbow Land Preschool & Day Care

201 Vine Street, Building #1

Fayette, Iowa 52142

563-425-4398

rainbowlandPDC@gmail.com



Child Information:

Child's Name:		Nickname:	
Birthdate:		Gender:	
Place of Birth:		Child lives with: (list all)	

Parent/Guardian Information:

	Parent/Guardian	Parent/Guardian	Parent/Guardian
Name:			
Birthdate:			
Social Security Number::			
Address:			
Education:			
Employer & Occupation:			
Cell Phone:			
Home Phone:			
Work Phone:			
Email:			

Other Information:

Has your child been separated from his/her parents for long periods of time? If so, why?	
Have you moved frequently or recently?	
What language is spoken at home?	
What other languages are spoken by/to the child?	
Is your child adopted? If yes, does your child know about it?	
If parents work or are students, who keeps the child in their absence?	

Other Children in the Family (list in order of birth):

Name	Gender	Birthdate	Grade in School	Did they attend Rainbow Land?

Development in Early Childhood:

Comment on the health of the mother during pregnancy:	
Comment on the health of the child during delivery and infancy?	
When did your child walk?	
When did your child talk?	
Does your child have bladder control? What terminology does your child use to communicate this?	Yes No
Does your child have bowel control? What terminology does your child use to communicate this?	Yes No
Does your child need reminding about going to the bathroom?	Yes No
Does your child need assistance in going to the bathroom?	Yes No
Does your child usually take a nap? If so, at what time?	Yes No
Does your child have difficulty saying what he/she wants or do you have any trouble understanding his/her speech?	Yes No
Describe any special needs or health problems:	

Health Information

List all allergies and any special precautions and treatment indicated for these allergies:	
List any medications (food supplements, modified diets, fluoride supplement, vitamins, minerals, etc.) currently being administered:	
List any chronic physical problems and any history of hospitalization:	
List any diseases, serious illnesses, or operations the child has had:	
List any accidents the child has had:	

Has your child ever had an ear or hearing examination or treatment? If so, when? By whom? Results?	
Has your child ever had a vision examination or treatment? If so, when? By whom? Results?	
Other health information:	

Eating Habits:

What foods does your child especially like?	
Are there any foods your child dislikes?	
What is your child's general attitude towards eating?	
For which meal is your child most hungry?	
Does your child feed him/herself entirely?	Yes No
Is your child on a special diet? If so, please describe.	
Is there any food your child chooses not to eat for medical, religious, or personal reasons? If so, please list.	
Has there been a big change in your child's appetite in the last month?	Yes No
Does your child take a bottle?	Yes No
Does your child eat or chew on things that aren't food?	Yes No
Does your child have trouble chewing or swallowing?	Yes No
Does your child often have diarrhea?	Yes No
Does your child often have constipation?	Yes No
Do you have any concerns about what your child eats?	Yes No
Other food/meal concerns or information:	

Play & Social Experiences

Has your child participated in any group experiences? If so, where? Did your child enjoy it?	
Does your child visit other playmates in their homes?	Yes No
How does your child relate to other children?	
Does your child prefer to play alone or with other children?	
Does your child have imaginary playmates? If so, please explain.	
Does your child have any pets?	Yes No

Does your child worry a lot or does he/she have any fears?	Yes No
What are your child's favorite toys and activities?	
What is your child's favorite TV program?	
How long does your child watch TV or use electronics each day?	
What are your child's favorite books?	
How many times a week is your child read to?	
Is there anything else about your child's play or playmates that the Center needs to know?	

Discipline

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage?	
How do you discipline your child at home?	
Do you presently have concerns about your child?	
How are these concerns dealt with?	

Parent's Impressions & Attitudes

From your point of view, what were the events that seemed to have had the greatest impact on your child? (moving, births, deaths, severe illness of family members, divorce, health issues, etc)	
How would you describe your child at the present time? What changes have you seen in your child during the past year?	
In what ways would you like to see your child develop in the year?	
Please tell us more about your child, which was not mentioned above:	

Signature of Parents or Legal Guardian:	
Date:	