

PREFERRED PHYSICIAN

ADDRESS

PHONE

PREFERRED HOSPITAL

ADDRESS

PHONE

PREFERRED DENTIST

ADDRESS

PHONE

AUTHORIZED PERSONS TO BE CALLED IN THE EVENT OF AN EMERGENCY, OTHER THAN DOCTOR OR PARENTS:

1.) NAME: _____ TELEPHONE _____

2.) NAME: _____ TELEPHONE _____

CHILD INFORMATION

TO PROVIDE THE BEST POSSIBLE CARE FOR YOUR CHILD, PLEASE ANSWER THE FOLLOWING QUESTIONS.

HAS THE CHILD HAD CHICKEN POX? _____

KNOWN ALLERGIES/REACTIONS _____

FREQUENT ILLNESSES _____

FAVORITE FOODS _____

LEAST LIKED FOODS _____

SPECIAL FEARS _____

CHALLENGING BEHAVIOR _____

FAVORITE TOYS AND/OR ACTIVITIES _____

A FEW CHILDREN DO NOT ADJUST TO PARTICULAR SITUATIONS NO MATTER HOW HARD WE TRY. FOR THIS REASON, DURING THE FIRST TWO WEEKS OF CARE, TWO WEEKS NOTICE TO TERMINATE PLACEMENT IS NOT REQUIRED.

X _____
SIGNATURE OF PARENT/GUARDIAN DATE

X _____
SIGNATURE OF DIRECTOR DATE