CONCORD UNIVERSITY CHILD DEVELOPMENT CENTER

P.O.BOX 1000 D-135, ATHENS, WEST VIRGINIA 24712 (304) 384-6335

INFANT/TODDLER ADMISSION **DATE:** _____

Child's Name _____ Gender: M F

Nickname _____ Birthdate _____

Home Address _____ Home Phone _____

Mother's Name _____ Home Phone _____

Address _____ Cell Phone _____

Employer _____ Work Phone _____

E-mail address _____

Father's Name _____ Home Phone _____

Address _____ Cell Phone _____

Employer _____ Work Phone _____

E-mail address _____

Parent's Marital Status: Married ____ Single ____ Widowed ____ Living together ____
Separated/Divorced ____ How long? _____
Step parent _____ Name _____

Custody/living arrangements _____

Siblings/Birth Dates:_____

Additional household members _____

Household pets and their names _____

List persons, other than parents, who are authorized to pick up your child from the Center (I.D. is required):

Name	**Address**	**Phone**

_____ permission granted for my child to be video and/or audio taped and/or photographed.
_____ permission granted to have child observed for educational purposes.
_____ permission granted for child to be assessed by professional/teachers for developmental screenings.
_____ permission granted for child to be referred, as a result of assessment, if needed.
_____ permission granted for my child to be transported for emergency medical treatment or other emergencies.

I understand that I will be notified if my child needs to be referred as a result of developmental assessments or screenings etc.

_____ _____
Parent's Signature **Date**

Child _____ **Luv-N-Care Questionnaire** **Infant/Toddler**

This information is provided to your child's teacher and will help the teacher give him/her greater attention and care.

Health

Chronic illnesses or hospitalizations: _____

Disabilities: _____

Allergies: _____

On-going medications: _____

Eating

Circle all that apply:

No bottle	Breast milk	Formula	If formula, what kind _____
No solid foods	Cereal	Baby Food	Table food

Your child's schedule for feedings? _____

Favorite foods _____ Least favorite foods: _____

How is your child's appetite?: _____

Social interaction:

Has child received day care services before? Yes No

How does your child interact with peers? _____

How do you comfort your child? _____

Any specific fears? _____

Sleep habits or routines_____

Other information

Does your child have any special needs? _____

Any holiday activities your child should not participate in due to religious reasons? _____

Does you child have an IEP/IFSP? _____

Does your child receive services from: ____Southern Highlands; ___ Birth to Three; ___Mercer County Special Ed dept.

Any information you would like the teacher to know:

_____

_____

_____