



1556 First Ave., Suite B, Iowa City, IA 52240
(319) 337-8922 (Local) (866) 537-8922

FORM: **Child Information Form**

PURPOSE: To be completed and submitted to Caring Hands & More (or UI Family Services) by guardian at least 3 day before first date of care.

Child's Full Name: _____
(First Name) (Middle Initial) (Last Name)

Child's Birth Date: _____ (Ex: 1/1/2004)

Family History

Parents are (circle one): *Single* | *Married* | *Divorced* | *Separated* | *Other:* _____

Are you a faculty, staff, or student at the University of Iowa? *Yes* | *No*

If you answered "Yes", please submit this form to the University of Iowa Family Services Office (121-50 USB)

Please list other children in the home:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Physical Regime

Does your child have any diagnosed special needs? _____

If yes, please explain: _____

Does your child take any medications regularly that the Program will be giving to him/her? _____

Does your child have any unusual eating patterns or food dislikes? _____

Will your child need any accommodations or adaptations during meal times, snack time or playtime? _____

Does your family practice a religion that prevents your child from eating particular food(s)? If yes, please explain.

Does your child have any behaviors or special abilities that may give us cause to be concerned for the child's safety (i.e. can open outside doors; can open a baby gate or fence gate, runs from adults)? _____

What is your child's usual naptime? _____ Typical length of nap? _____

May we pat child's back to help to sleep or allow to fall asleep on own? _____

If your child is an infant or toddler:

Do you rock your child to sleep or just lay them down? _____

Do you allow your child to keep a pacifier in their mouth while sleeping? (circle one) *Yes* | *No*

Allow pacifier during the day, while awake? (circle one) *Yes* | *No*

(This form was adopted by us and modified from forms created by The University of Iowa.)



Home Health Care & Family Services

Toileting

How does your child state that he/she needs to go to the bathroom? (urination) _____

(bowel movement) _____

What type of assistance does your child need to use the restroom? _____

If your child is not an infant or toddler, does your child wipe him/her self? _____

Personality and Emotional Development

Does your child accept new people and new activities easily? _____

Does your child have any serious fears or anxiety times? _____

What comforts them during these times? _____

Describe your child's normal temperament: _____

When you find it necessary to discipline your child, what technique works best? _____

Play and Socialization

How does your child play alone and/or with other adults/children? _____

What type of play activities does your child like to do or gives comfort to your child? _____

Are your child's playmates girls? _____ boys? _____ younger? _____ older? _____

Has your child previously attended a playgroup? _____ daycare? _____ preschool? _____

What was the usual size of the playgroup? _____

Other Information

Other information we should be aware of or that will be helpful to understanding your child: _____

(If a newborn, please write as much as necessary to inform our staff about your child. Use back and extra paper if necessary.)

Guardian Signature

Printed Name

Contact Number(s)

Date

Guardian's Relation to Child: _____ (Ex. Mother, Father, etc.)

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