

Dragonflies and Fairytales Christian Learning Center
Lic# C06PA0178
Personal Information

Child's Name: _____

Communicable Diseases Child has had (please provide dates):

Whooping Cough_____	Chicken Pox _____	Measles_____
Scarlet Fever_____	Mumps _____	German Measles_____
Fifth Disease_____	Small Pox_____	Other_____

Has your child had: (please provide dates):

Surgery_____	Explain:_____
Serious Illness_____	_____
Seizures_____	_____
Accidents_____	_____
Burns_____	_____
Frequent Nosebleeds:_____	_____
High Fever_____	_____

Other significant characteristics or limitations:_____

Unusual special instructions:_____

List all allergies:_____

Child's habits, fears, etc.:_____

Is your child toilet trained:_____

Does your child have frequent stomachaches, earaches, etc:_____

Does he/she run high fevers easily:_____

Does he/she have any speech, hearing, or eyesight problems:_____

Has your child had prior evaluations for learning disorders, special education placement, counseling or other support services:_____ Results:_____

Does your child have any other problems or special needs that the staff should know about:_____

What method of behavior control is used at home:_____

How would you describe your child's personality:_____

How did you hear about us:_____

What do you hope your child will gain from his/her experience at Dragonflies and Fairytales:_____