

CDO

Children's Day Out

Health & Social Record

1. **Water Activities:** I give do not give my consent for my child to participate in water activities. Such as splashing pools, sprinklers and misc. water toys/games.
2. **Immunization Records:**
 I have provided CDO with a copy of my child's current immunization records.
3. **Image Use:**
I give do not give my consent for my child's unidentified photographs and/or class work to be used for church and/or school publicity.
4. **List siblings living at home with child:** _____

5. **Relationship with other CDO participants/staff:** (Ex. friends/relatives) _____

6. **Has your child ever been in a child care setting? Describe experience:** _____

Those who care for child other than parents/guardians: _____

7. **Church Affiliation:**
Name of Church Currently Attending: _____
8. **Language:**
Languages spoken at home: _____
Can your child effectively communicate his/her needs? Yes No
Describe _____
9. **Sleeping Habits:** Naps Yes No Sometimes Never
Wake up time: _____ Bed Time: _____ How does your child get to sleep?
Describe _____

10. **Eating Habits:** Favorite foods: _____
Restricted Diet or Food Allergies? Describe: _____

Mealtime behavior? Describe :(Ex. picky, messy) _____

11. **Dressing Habits:** Can child dress self? Yes No undress self Yes No
Describe: (Ex. belt, snaps, shoes, etc.) _____

12. **Toiletry Information:** Potty trained? Yes No If yes, how long? _____
Word child uses for Urination: _____ Bowel Movement: _____
Any information you would like us to know? (Ex. frequency of RR trips, RR routines, etc.) _____

13. **Any non-food allergies CDO should be aware of?** _____

14. **Any additional info. CDO should be aware of?** _____
