



# Kingdom Kids Day Care and Academy

## Child Introduction Form

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Does your child have a nickname? \_\_\_\_\_

Has your child been in Childcare before? \_\_\_ Yes \_\_\_ No

If so where? \_\_\_\_\_

Does your child have any siblings that do not attend KKDCA? \_\_\_ Yes \_\_\_ No

If So name and age? \_\_\_\_\_

### HEALTH

Does your child have any allergies? \_\_\_ Yes \_\_\_ No

If so, what does your child have? \_\_\_\_\_

How do we respond if he/she has an allergic reaction? \_\_\_\_\_

\_\_\_\_\_

Does your child have an existing illness? \_\_\_ Yes \_\_\_ No

If so, what is it and does it affect your child? \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medications? \_\_\_ Yes \_\_\_ No

### BEHAVIOR

Does your child have any fears? \_\_\_\_\_

How does your child communicate his/her needs? \_\_\_\_\_

When your child gets upset what helps him/her calm down? \_\_\_\_\_

\_\_\_\_\_

How do you distract your child when they are throwing a tantrum? \_\_\_\_\_

\_\_\_\_\_

How does your child best lay down for nap or bed time? \_\_\_\_\_

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What is the most comfortable position for your child while sleeping? \_\_\_\_\_

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**EATING**

What are your child's favorite foods? \_\_\_\_\_

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Does your child choke easily while eating? \_\_\_ Yes \_\_\_ No

Does your child have any dietary restrictions? \_\_\_ Yes \_\_\_ No

If so, what are they? \_\_\_\_\_

**GENERAL**

Tell us a little about your child and where he/she is at developmentally?

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What other information should we know or be aware of to care for your child as an individual? Events at home often influence your child's behavior. We are better able to help your child when you inform us of situations and or events that may influence their behavior such as:

- Divorce
- Separation from a relative or friend
- Death of a relative or friend

Knowing about transitional times allows us to give special attention and understanding and care. The information you give us will remain confidential. Has anything happened in your child's life that may effect him/her?

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Parent Signature

Date \_\_\_\_\_

Director Signature

Date \_\_\_\_\_