



Child History Form

*I hereby make an application for the admission of my child to **Creativo!** and submit the following data:*

Name of Child:					Present Date:					
Present Age:		Years:			Months:			Gender:		
Place of Birth:										
Home Address:					City:					
State:					Zip:					
Phone:										
Parent/Guardian Name:										
Relationship to Child:										
Occupation:								Hours:		
Home Address:					City:					
State:					Zip:					
Business Address:					City:					
State:					Zip:					
Phone:					Email:					
Marital Status:										
Parent/Guardian Name:										
Relationship to Child:										
Occupation:										
Business Address:					City:					
State:					Zip:					
Phone:					Email:					
Marital Status:										

Other children in the family (names and ages):			
Other members living with the family:			
Child's recent health:			
Any medical needs:			
Tell us about your child's personality, temperament, disposition, likes and dislikes, favorite activities...			
Has your child been in a group setting before? (check one)			
No:	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
		If yes, when and how long?	
If your child was enrolled in another program, how did he/she transition from home to school?			
If your child was not enrolled in another program, how do you anticipate your child's separation from you?			
Does your child nap during the day?			
No:	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
		If yes, when and how long?	
Name of Physician:			
Address:		Phone:	
Primary List: Name(s), address and telephone for all persons authorized to pick up the child regularly:			
Contingency List: Name(s) of persons authorized to pick up child occasionally, including conditions for releasing the child to such person.			
Emergency List: Name(s), address and telephone for all persons to contact in case of emergency:			

What do you hope to gain from a year at Creativo ? (for your child, your family, yourself)

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

For Office Use Only.

<i>Date of Enrollment:</i>	
<i>Date of Discharge:</i>	