



# NURTURE WITH CARE KIDS ACADEMY

Guiding Tiny Steps into A Bright Future

Email: [info@nurturewithcarekidsacademy.com](mailto:info@nurturewithcarekidsacademy.com)

Phone: (360) 682-8920

1162 SW Fort Nugent Ave, Oak Harbor, WA 98277

## CHILD HEALTH & HISTORY FORM

Page 1 of 4

Welcome! We are delighted that you and your child will join us at Nurture with Care Kids Academy.  
For our staff to help your child's transition be as easy as possible, please complete this form. Thank you.

### CHILD INFORMATION

Child's Name:  Birthdate:  Age:

### DEVELOPMENTAL HISTORY

#### Age child began:

Sitting:  Crawling:  Walking:  Talking:

Any difficulties with speaking? Yes No

If yes, please explain:

### SIBLINGS

Does your child have any siblings? Please list names and ages:

Sibling Name	Age
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### HEALTH INFORMATION

Have you made special arrangements for child's care during illness? Yes No

If yes, explain:

What communicable diseases has your child had? (Check all that apply)

Measles Mumps Chicken Pox Other:

Any physical disabilities?  Allergies?

Any recurrent illness?  Parent's evaluation of health:



## CHILD HEALTH & HISTORY FORM

Page 2 of 4

### EATING HABITS

Child's favorite foods:

Foods disliked:

Does child like:

Cereal

Baby Food

Does child eat with:

Spoon

Fork

Hands

### RESTROOM HABITS

Can child be relied upon to indicate bathroom wishes?

Yes

No

Any fears related to toileting?

Does child have accidents?

Yes

No

If yes, how often?

### SLEEPING HABITS

What time does your child awaken?

What time is bedtime?

Does the child sleep well?

Yes

No

Does the child sleep in own room?

Yes

No

What time of day does your child take naps?



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Page 3 of 4

### SOCIAL DEVELOPMENT

Has the child had experience playing with other children?      Yes      No

By nature, is child:      Friendly      Aggressive      Shy      Withdrawn

How does your child show their feelings?

What form(s) of discipline are most often used in your home?

What is your evaluation of your child's personality?

Does your child have any special interests?



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Page 4 of 4

### MEDICAL INFORMATION

Blood Type:

Date of Last Physical Exam:

Allergies (including drug reactions):

Chronic Illnesses:

Regular Medications:

Other Pertinent Information:

### HEALTHCARE PROVIDERS

Child's Physician Name:

Address:

Phone:

Is child under regular medical supervision?

Yes

No

Emergency Hospital Preference:

Dentist Name:

Phone:

Date Last Seen by Dentist:

### HEALTH INSURANCE INFORMATION (Optional)

Insurance Provider:

Group Number:

Member Number:

Employer:

**Thank you! This information will be handled confidentially.**

Date:

Parent/Guardian Signature