

"Noah's Ark" Christian Learning Center

3457 N Maple Grove Rd, Boise, ID, 83704

Phone: 375-6624 / Fax: 375-0518

Child's Personal Information

Child's Name: _____ Age _____

Health History

Has the child had any of the following (when)?

Measles _____

Whooping cough _____

Diabetes _____

Mumps _____

Scarlet Fever _____

Pneumonia _____

Rubella _____

Asthma _____

Chicken pox _____

Eczema _____

Emotional problems _____

Has your child had any serious illnesses, operations, or accidents? Please describe:

Does the child have any allergies? What are reactions?

Does child have frequent colds? _____ Earaches? _____ Stomachaches? _____

Does child vomit easily? _____ Run high fever often? _____

Are there any special considerations we should make for your child because of his/her physical condition?

Are there any medications for any on-going medical problems?

Physical limitations (specify): _____

Family or child's doctor: _____ Phone: _____

Insurance Company: _____ Group #: _____

Name of insured: _____

I verify that the medical information listed is complete and accurate. I also understand that reasonable measures will be taken to safeguard the health and safety of all children, and that I or my emergency contact will be notified as soon as possible in the event of an emergency. I understand that Noah's Ark childcare center is required by Idaho State law (Idaho code 39-1118) to keep current immunization on file. I will submit a current copy of my child's immunization record within 14 days of enrollment and will continue to update the center after each series of immunizations in order to continue care within Noah's Ark.

Parent's signature

Date

Brothers and sisters of child

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Family History:

Either parent foreign born? _____ Where: _____

What is the dominant language used in the home? _____

Other languages used in the home? _____

Other members of the household (relationship and age):

Does child have room alone? _____ If not, with whom? _____

Who has cared for child other than parents or care givers? (state whether adults or teenagers)

When and with whom does child watch TV? _____

Marital status of Parents (optional)

Married _____ One parent household _____

Living together _____ Living separately _____

If separated, how long _____ If divorced, how long _____

Stepfather, how long _____ Stepmother, how long _____

Legal custody: _____

Physical Custody: _____

Remarks: _____