



# CHILD CARE FORM

*Cartoonigns, whose staff are professional quality caregivers, will be providing care services. If your child has food allergies or requires a special diet, please provide their snacks yourself, and label with child's name.*

*Please complete ONE form in its entirety PER child requiring care. Thank You.*

**Please indicate date:**    \_\_\_ **Friday, March 17, 2006**            \_\_\_ **Saturday, March 18, 2006**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Health Care Number: \_\_\_\_\_ Allergies: \_\_\_\_\_

Does your child have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child require a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Does your child require individual support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in what way. \_\_\_\_\_

Will a support person be accompanying your child? Yes \_\_\_\_\_ No \_\_\_\_\_ Their name \_\_\_\_\_

How does your child communicate? [e.g. signs, picture board, some words] \_\_\_\_\_

Does your child have any medical concerns we should be aware of? \_\_\_\_\_

Does your child require medications? Yes \_\_\_\_\_ No \_\_\_\_\_ [*You must return to administer it*]

Does your child have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child require assistance with toileting? Full \_\_\_\_\_ Partial \_\_\_\_\_

Does your child require assistance with eating? Full \_\_\_\_\_ Partial \_\_\_\_\_

Does your child have special needs or behavioural difficulties? \_\_\_\_\_

Activities your child enjoys \_\_\_\_\_

Does your child sometimes like to leave the room without informing anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature [Parent or Guardian] \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_