

Date _____

Date Application Received _____

Start Date _____

KINDERFROGS SCHOOL APPLICATION ADMISSION AND SOCIAL HISTORY FORM

Please Print

Child's Name _____
(First) (Middle) (Last)

Date of Birth _____ Age _____ Sex _____

Child's Social Security Number _____ Place of Birth _____

School District _____ Elementary School _____

FAMILY INFORMATION

MOTHER

Name _____ Home Phone _____

Address _____

City _____ State _____ Zip Code _____

Highest Grade Completed in School _____

Occupation _____

Business/Email Address _____

Business Phone _____

Marital Status (Circle One) Single Married Separated Divorced

FATHER

Name _____

Home Phone _____

Address _____

City _____ State _____ Zip Code _____

Highest Grade Completed in School _____

Occupation _____

Business/Email Address _____

Business Phone _____

Marital Status (Circle One) Single Married Separated Divorced

PRIMARY CAREGIVER (If other than parent)

Name _____ HomePhone _____

Address _____

City _____ State _____ Zip Code _____

EMERGENCY TELEPHONE NUMBERS

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

LIST THE NAMES AND AGES OF YOUR OTHER CHILDREN

MEDICAL INFORMATION

During this pregnancy, did mother experience any unusual illnesses, conditions, or accidents? _____

(If yes, please describe)

Length of Pregnancy _____

Complications during delivery? _____ (If yes, please describe)

Birth Weight _____ Did the baby have trouble breathing? ____ Yes ____ No (If yes, please describe)

Did the baby have feeding problems? _____

Was the baby on a respirator? ____ If so, how long? _____

Did the baby have seizures? _____

Other problems? _____

Check the illnesses the child has had. Please indicate the child's age at the last occurrence and whether or not the child was hospitalized:

| <u>Illness</u> | <u>Yes</u> | <u>No</u> | <u>Age</u> | <u>Hospitalization</u> |
|----------------|------------|-----------|------------|------------------------|
| Measles | _____ | _____ | _____ | _____ |
| Chicken Pox | _____ | _____ | _____ | _____ |
| Mumps | _____ | _____ | _____ | _____ |
| Strep Throat | _____ | _____ | _____ | _____ |
| Scarlet Fever | _____ | _____ | _____ | _____ |
| Tonsillitis | _____ | _____ | _____ | _____ |
| Ear Infections | _____ | _____ | _____ | _____ |
| Seizures | _____ | _____ | _____ | _____ |
| Meningitis | _____ | _____ | _____ | _____ |

Were any of these illnesses followed by noticeable changes in the child's general behavior? ____ Yes ____ No
(If yes, please describe)

Describe any surgeries the child has had

Surgery

Date

-

Does your child have allergies? ____ (If yes, please list) _____

List medication that your child may take on a regular basis:

Medication

Why?

Please list the name(s) of your child's doctors:

Phone _____

_____ Phone _____

_____ Phone _____

What is your child's current weight? _____ Height? _____

VISION

Does your child have vision problems? Yes No (If yes, please describe)

Date of the most recent vision test _____

Where tested? _____

HEARING

Does your child have hearing problems? Yes No (If yes, please describe)

Date of the most recent hearing test _____ Test results _____

Where tested _____

DEVELOPMENTAL EVALUATION

Does your child have any diagnosed developmental problems? Yes No (If yes, please describe)

Date of the most recent developmental evaluation: _____

Test results: _____

Where tested _____

Has your child ever had Oral Therapy, Physical Therapy or Speech Therapy _____
Where _____

ADAPTIVE EQUIPMENT

Please indicate all adaptive equipment currently used by your child:

Hearing Aid

Glasses

Splints

Wheelchair

Other
(describe) _____

SOCIAL INFORMATION

Does your child currently attend a child care center/program? Yes No

If yes, where? _____

What are your child's most enjoyable activities? _____

What frightens your child? _____

What do you do to comfort your child? _____

What is your child's schedule for snack and lunch? _____

What is your child's sleeping napping schedule? _____

What are your child's favorite play things? _____

List the places your child frequently visits: _____

List the significant people in your child's life: _____

EDUCATION/THERAPY SERVICES

List the therapy services your child has received:

Type of therapy _____

Therapist _____

Address _____

Phone _____

Type of therapy _____

Therapist _____

Address _____

Phone _____

Type of therapy _____

Therapist _____

Address _____ Phone _____

Person completing this form _____ Relationship to child _____