Rhode Island Department of Human Services

Licensed Child Care: Child Information Form

Child Information					
Child's Full Name:					
Date of Birth (MM/DD/YYYY):		**Sex:**	☐ Male ☐Female		
Primary Language:					
Secondary Language:					
Primary Address					
Number and Street:					
City/Town:		**State:**		**Zip:**	
School Information ***(School age, developmental preschool, early intervention, services, etc.)***					
School/Program Name:		**Phone:**	**( ) -**		
Number and Street:					
City/Town:		**State:**		**Zip:**	

Parent/Guardian 1 Information					
Parent/Guardian Full Name:					
Parent/Guardian Role:	☐ Mother ☐ Father ☐ Step Mother ☐ Step Father ☐ Foster Parent ☐ Other: _____				
Contact Information					
Primary Phone:	**( ) -**		☐ Mobile ☐ Work ☐ Home		
Secondary Phone:	**( ) -**		☐ Mobile ☐ Work ☐ Home		
Email:					
Home Address			☐ Same as Child		
Number and Street:					
City/Town:		**State:**		**Zip:**	
Employer Information					
Employer Name:					
Address:					
City/Town:		**State:**		**Zip:**	
Typical Schedule					

Parent/Guardian 1 Information							
Day:	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Hours:							

Parent/Guardian 2 Information			
Parent/Guardian Full Name:			
Parent/Guardian Role:	☐ Mother ☐ Father ☐ Step Mother ☐ Step Father ☐ Foster Parent ☐ Other: _____		
Contact Information			
Primary Phone:	**( ) -**	☐ Mobile ☐ Work ☐ Home	
Secondary Phone:	**( ) -**	☐ Mobile ☐ Work ☐ Home	
Email:			
Home Address		☐ Same as Child	
Number and Street:			
City/Town:	**State:**	**Zip:**	
Employer Information			
Employer Name:			
Address:			
City/Town:	**State:**	**Zip:**	

Typical Schedule							
Day:	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Hours:							

Additional Members of Child's Household			
Full Name:		**Relationship:**	
Full Name:		**Relationship:**	
Full Name:		**Relationship:**	
Full Name:		**Relationship:**	
Full Name:		**Relationship:**	

Additional Child Information			
It is recommended that this form is copied and provided to the child's direct teacher/provider.			
Social-Emotional			
Child's Habits:			
Child's Fears:			
Favorite Toys/ Activities:			
Child's Interests:			
How do you comfort your child?			
How do you guide your child's behavior?			
Bathroom Habits			
Is your child potty trained?	☐ Yes ☐ No ☐ Almost/Starting	**Does your child tell you when they have to use the bathroom? If so, how?**	
Is your child prone to diaper rash?	☐ Yes ☐ No	**What do you use to treat diaper rash?**	☐ Lotion ☐ Oil ☐ Powder ☐ Other:
Sleeping Habits			
Is your child sleep in a crib?	☐ Yes ☐ No	**Typical nap/time and/or nap habits:**	
Health			
Special physical conditions and/or disabilities:	☐ Yes: If yes, please explain: ☐ No		
Regular medications:	☐ Yes: If yes, please explain: ☐ No		
Allergies:	☐ Yes* - If yes, please complete the Allergy Information Sheet ☐ No		

Child Care Schedule							
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrive:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Depart:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

Parental Access Restrictions

If there are temporary or permanent restrictions on a person's access to their child, please read and complete this section thoroughly. Please note: If the restricted person(s) are a child's biological parent(s), in order to abide by the permissions stated below, programs MUST have received a copy of any/all court documentations regarding restraining orders, physical/legal custody, joint custody, etc. Without court documentation, programs/providers are unable to withhold a child from their biological parent.

Restricted Person's Name:				Relation to Child:		
The above stated person has permission to see the child on the following days:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Restricted Person's Name:				Relation to Child:		
The above stated person has permission to see the child on the following days:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Restricted Person's Name:				Relation to Child:		
The above stated person has permission to see the child on the following days:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Acknowledgment

By signing this form, I acknowledge that the information contained in this document is true and accurate. I understand that it is my responsibility to update the program/provider in the event of any changes or updates to the information in this form.

Parent/Guardian Name (Print)	**Relation to Child**
Parent/Guardian Signature	**Date**