



BUSYBEE Child Care

10917 Marilta Court, Fairfax, Virginia 22030 - Telephone: (703) 591-0862

CHILD'S PROFILE

FAMILY

Child's name: _____ Nick name _____ Date of Birth _____

Mother's Occupation _____

Father's Occupation _____

Marital Status of Parents: Living together _____ Separated _____ Divorced _____

Custody/visiting arrangements: _____

Other Family members (brothers, sisters, grandparents, or others...) living at home:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

HEALTH

What communicable diseases has the child had? Measles (big red) _____ Measles (3 days) _____

Mumps _____ Chicken Pox _____ Whooping Cough _____ Hepatitis _____ Diabetes _____ Others _____

Does child have frequent colds? _____

Any chronic physical problem? _____

Type of accommodations needed: _____

Is family vegetarian? _____ other dietary restriction _____

MEDICATION

Are any medications given regularly (please list medications and reasons) _____

SPEECH

Describe your child's speech: Rapid _____ Slow _____ Moderate _____ Clear _____ Talk Constantly _____

Seldom Speaks _____ Uses Many Words _____ Uses Few Words _____ Talk Only During Play _____

TOILETING

Does your child have any special toileting needs? _____ If so, please explain _____

SLEEP PATTERNS

What time does your child go to bed? _____ Awaken? _____ Does he/she walk, talk, or cry out at night? _____

Does he/she take anything to bed with him/her _____ What is his/her mood upon awakening? _____

Does he/she take naps? _____ Typical time of nap _____

INTERESTS

Has he/she had experience playing with other children? _____

With what age child does he/she prefer to play? _____

What are his/her favorite activities at home? _____

Does he/she like to: Be read to? _____ Listen to music _____ Play outdoors? _____

Has he/she had experience with: Clay? _____ Scissor? _____ Easel Painting? _____

Block? _____ Puzzles? _____ Finger Painting? _____

SCHOOLING

Please list any previous school and/or child care center enrollment:

Name of school/Child Care Center City/Town State Date

Is your child attending another school concurrently with our program?

Name of school _____ Grade _____

FINANCIAL AGREEMENT

This is a fee payment agreement between the BusyBee Center and _____

For the care of _____

We cannot give refund or credit for your child's absences, or school closures for inclement weather.

I agree to pay my child care fee in monthly.

Fees are subject to change as determined by the Fairfax County desertification dates.

I have read and understand the additional policies

Parent/ Guardian Signature _____ Date _____

Director's Signature _____ Date _____