



Calvary Christian Academy Preschool

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**Parent/Guardian
Child Assessment Form**

Child's Name: Last _____ First _____ Middle _____

Date of Birth _____ Social Security # _____

HEALTH

Does your child have any known allergies? YES _____ NO _____ If "YES" please list _____

How should we respond to an allergic reaction? _____

Does your child have an existing illness? YES _____ NO _____ If "YES" please explain _____

Any serious illness, injury, or hospitalization in the past 12 months? YES _____ NO _____ If "YES" please describe.

Is your child taking any medication? YES _____ NO _____ If "YES" please list. _____

How is the medication administered, and will it need to be administered while child is at preschool? _____

Is the medication prescribed for continuous use? YES _____ NO _____ If "YES" please describe _____

Any side effects we should be alerted to? YES _____ NO _____ If "YES" please describe _____

TOILETING

Does your child need assistance with toileting? YES _____ NO _____

How can we best help? _____

What are your ideas/thoughts about toilet training? _____
