



# Children's Village

## Early Learning & School Age Centers

### Allergy, Medical and Education Questionnaire

This form must be completed for *each* child enrolled.

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Enrolling Guardian: \_\_\_\_\_

Yes	No	Food Allergy
Yes	No	Dietary restriction (religious)
Yes	No	Soy milk preference
Yes	No	Medical allergy (medication, latex)
Yes	No	Medical diagnosis
Yes	No	Individualized Education Plan (IEP)
Yes	No	Individualized Family Service Plan (IFSP)
Yes	No	504 Plan

I acknowledge that the above information is complete and accurate.

I understand that in accordance with the Children's Village Parent Handbook, children who have food, medical or educational needs outside of the typical child could experience an enrollment waiting period of up to 14 days to ensure all required documentation is complete. Please refer to the Children's Village Parent Handbook for more information.

\_\_\_\_\_  
Enrolling Guardian Signature

\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_