Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator’s possession on or before the first day your child begins care. Please notify your educator if any of the information changes.

**General Information**

|  |  |
| --- | --- |
| Date of Admission       | Age at Admission:       |
| Date of Discharge       |
| Reason for Discharge:       |

**Child’s Information**

|  |  |
| --- | --- |
| Child's full name:        | Date of Birth:       |
| Address:       | City, State and Zip:        |
| Telephone Number:       | Nickname:       |
| Primary Language of Child       | Primary Language of Parents      |
| Allergies/Special Diets       |
| **SCHOOL AGE ONLY** |
| Current School:       | Grade      |
| I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child’s school. |
| Parent/Guardian Signature      | Date      |

**Parent/Guardian Information**

|  |
| --- |
| Name of Parent(s)/Guardian(s)       |
| Home address (if different)      | City, State and Zip       |
| Telephone Number:       | Alt Phone Number:       |
| Email Address:      |

**Emergency Contact/Authorized pick-up person**

In the event of an emergency when I may not be reached, the Educator may contact the following

individuals (in the order given) whom I authorize to take my child from the child care premises.

|  |  |  |
| --- | --- | --- |
| Name       | Relationship      | Phone Number      |
| Name      | Relationship      | Phone Number      |
| Name      | Relationship      | Phone Number      |
| Name      | Relationship      | Phone Number      |

**TRANSPORTATION PLAN / AUTHORIZED PICK- UP**

|  |  |
| --- | --- |
| My child will arrive to the program by: | My child will depart the program by: |
| [ ]  Parent Drop-Off | [ ]  Parent Pick Up |
| [ ]  Supervised Walk | [ ]  Supervised Walk |
| [ ]  Unsupervised Walk | [ ]  Unsupervised Walk |
| [ ]  Public/Private Van | [ ]  Public/Private Van |
| [ ]  Bus | [ ]  Program Bus/Van |
| [ ]  Private Transportation Provided by Parent | [ ]  Private Transportation Provided by Parent |

**Written Acknowledgement of Receipt of Parent Handbook**

I acknowledge that I have received a copy of the provider’s parent handbook as well as information

regarding lead poisoning prevention (may be included in the parent handbook).

|  |  |
| --- | --- |
| Parent/Guardian Signature      | Date      |

**Parental Visit Notice**

I understand that I may visit this family child care home unannounced at any time during the hours that

my child is in care.

|  |  |
| --- | --- |
| Parent/Guardian Signature      | Date      |

**Child's Physician or Health Care Professional**

|  |  |
| --- | --- |
| Physician Name      | Physician Phone Number      |
| Preferred Hospital       |
| Information on allergies, special diets, chronic health conditions, special limitations, concerns includingmedications child is taking at home/school and possible side effects:        |

**DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

|  |  |
| --- | --- |
| CHILD’S NAME      | DATE OF BIRTH      |

\*Note: Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.

**DEVELOPMENTAL HISTORY**

|  |
| --- |
| **Age child began:** |
| Sitting       | Crawling        |
| Walking        | Talking       |

|  |  |
| --- | --- |
| Does your child pull up? | [ ]  Yes [ ]  No |
| Does your child Crawl? | [ ]  Yes [ ]  No |
| Does your child walk with support? | [ ]  Yes [ ]  No |
| Does your child have any speech difficulties? | [ ]  Yes [ ]  No |
| If yes, Explain:       |

**HEALTH**

|  |
| --- |
| Serious illnesses and/or hospitalizations:       |
| Special physical conditions, disabilities:       |
| Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:       |
| Regular medications:       |

**EATING HABITS**

|  |
| --- |
| If infant is on a special formula, describe its preparation in detail:       |
| Food allergies:       |

**TOILET HABITS**

|  |
| --- |
| Are disposable or cloth diapers used?       |
| Is there a frequent occurrence of diaper rash?       |
| Is your child potty trained? [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Parent/Guardian Signature      | Date      |