INTAKE SHEET

Child's Identification Information I. Nickname: Name Name of school, if attending: Birthdate Sex: Family Information: Parents or Guardians II. Work Phone Place of Employment Address Name ____ Single ____ Married ____ Divorced ___ Separated ___ Foster Parent Names and ages of other children in the home: **Emergency Contact** III. Work Phone Place of Employment Address Name Play and Sociability IV. How does your child get along with other children? His/Her usual playmates are ____girls ____boys ____older ____younger What is the usual size of your child's neighborhood playgroup? Previous group experience other than school: ____Preschool ____Playgroup ____Sunday School Other (Specify) Personality and Emotional Development ٧. To whom? Is your child affectionate? YES Does she/he accept new people easily? What are your child's fears? NO YES Is your child usually happy? What nervous habits does your child have?

INTAKE SHEET

When you find it necessary to discipline your child, which parent usually does this and how?

II. <u>Ir</u>	fants and Toddlers		
If ye	our baby had any feeding problems? s, please explain		NO
Have	you noticed any allergies or sensitivi	ties to particular foods?	
	baby: Breast fed?	Bottle fed?	
What	food is your baby eating now?		
Fruits		Juices	
Vege	tables	Meats	
Cerea	ls	Milk (Formula)	
Sleep l	nabits during the day:		
	our child have a "fussy" time? W	hen?	
	o you handle this "fussy" time?		
Do you	have special ways of helping your l	baby go to sleep? If yes, how.	
	our child use a pacifier or suck thum		
	let training been attempted? Yes		
Is baby	's skin highly sensitive? Yes No	What is used at home?	
	pes you child relate to strangers?		
ls your	child frightened by anything?		
T 04	her Information: Please list some	of your shild's forerites	
I. Ot	ner information: Flease list some	Of your child stayorite.	
cks & D	rinks:		
nes:			
er Activi	ties:		
		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.3
e any oth	er information you believe will be h	elpful to us in understanding your chil	d
			CC .

PARENTAL EMERGENCY MEDICAL CONSENT

This form must be presented upon admission for treatment

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured winder program authority when parents or guardians cannot be reached.

in the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

CHILD'S NAME:			BIRT	H DA	TE:		
PARENT(S)/GUARDIAN(S) WITH WHOM	THE GUIDNES)) ES					短额的1000 000
1. NAME			RELATIONSHIP TO CHIL	LD			
			EMPLOYER	-			
ADDRESS	CELL NUM	1BER		wo	RK NUMBE	R	
HOME NUMBER			RELATIONSHIP TO CHIL	D			
2. NAME			EMPLOYER		The state of the s		
ADDRESS	CELL NUM	IRFR	THE NAME OF THE PARTY OF THE PA	wo	RK NUMBEI	}	ansen miner
HOME NUMBER	CELLINGIA	DEIX (C)					
EMERGENCY CONTACT PERSON(S)			RELATIONSHIP TO CHIL	.D			
1. NAME	CELL NUM	IBFR	E		RK NUMBEF	1	
HOME NUMBER	CELLINO	DEN	RELATIONSHIP TO CHIL	.D			
2. NAME	1		Macrine		RK NUMBEF	}	
HOME NUMBER	CELL NUM	BEK	RELATIONSHIP TO CHIL				
3. NAME			RELATIONSHIP TO CITE	1	RK NUMBER		
HOME NUMBER	CELL NUM		arsa -	WO		PHONE NU	MBER
PERSONS AUTHORIZED (@PERSUPEGHIL	D	AUU	(10)5)8 (4)3- (4)		COLUMN COLUMN TO		
1.		-					
2. 3.						 	
Are there any custody or restraining or care at the center? Name	ders for persoi	n(s) WI	Name				
PHYSICIAN NAME			DENTIST NAME				
PHONE NUMBER			PHONE NUMBER				
ADDRESS			ADDRESS				
HOSPITAL PREFERENCE							
(NOWN ALLERGIES					DATE OF LA	ST TETANUS	
PRESENT MEDICATION							
NSURANCE COMPANY			POLICY HOLDER ID	_	=======================================		141
This consent will be in effect beginning (date)			and be up	dated a	annually by	the parent/le	gai guardiar
SIGNATURE OF PARENT OR GUARDIAN	DATE	-10	SIGNATURE OF PARE	NT OR	GUARDIAN		DATE
							DATE
IDDATE	DATE		UPDATE				2,
JPDATE	DATE		UPDATE				DATE

MEDICATION SHEET

THIS AUTHORIZATION IS VALID FOR UP TO A MAXIMUM OF 30 DAYS

_hild's NamePhysician's Name				Date:		
Name of	Medication(s) _					
Reason fo	or Medication(s)		le service de la constante de			
Please giv	ve the above me	lication (s) as directed b	elow:			
1	Amount to be given At			what times given		
l	Method of adm					
and metho	od stated above.	·		`	iption medication in the amour	
raicin (s)	Or Cuardian sign	aluic			Date	
	DATE	MEDICATION	AMOUNT	TIME GIVEN	INITIAL OF STAFF	

All nonprescription and prescription medications require a written parental authorization. Each prescription shall be clearly lat with the child's name, physician's name, name of medication, dosage and time medication is to be given. Non-prescript medications shall be in the original container and labeled with the child's name. For long-term medication, do not send more than month's supply.

NOTE: Place your initials in the box showing the medicine was given. Use an "A" when a child is absent. Use an "O" w medication is <u>not given</u> for any reason. Document the reason the medication was not given and document that the parent informed.

Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of Child)
As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at:
(Child Care Business)
to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:
☐ I do not know of any allergies my child has to sunscreen.
Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
I have provided the following brand/type of sunscreen for use on my child:
My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:
For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:
Parent/Guardian full name (print):
Parent/Guardian signature:

NON-CENTER ACTIVITY PARENT PERMISSION AUTHORIZATION

ĺ

		has permission to lea
(Name of		
(Program N	ame)	(Date)
to	(Destination or Activ	its/)
(Time)	•	
I understand the child care prog	ram will not be responsible after m	y child leaves the center as
authorized above		
authorized above.	(Name of Person accepting res	ponsibility)
will be responsible for my child after leav		
•		
Date	Parent Signature	
Date	Parent Signature	
NON-CENTER ACTIVI	ITY PARENT PERMISSIO	N AUTHORIZATION
NON-CENTER ACTIVI		
(Name of Cl	hild) on	has permission to leave
(Name of Cl	hild) ne)	has permission to leave at (Date)
(Name of Cl	hild) ne)	has permission to leave at (Date)
(Name of Cl (Program Nam to (Time)	hild)on ne) (Destination or Activity	has permission to leaveat (Date)
(Name of Cl (Program Nam to (Time) I understand the child care program	hild) onon ne) (Destination or Activity m will not be responsible after my	has permission to leave at (Date)
(Name of Cl (Program Nam to (Time) I understand the child care program	hild) onon ne) (Destination or Activity m will not be responsible after my	has permission to leave at (Date)
(Name of Cl (Program Nam to (Time) I understand the child care program thorized above.	ne) (Destination or Activity m will not be responsible after my (Name of Person accepting respo	has permission to leave at (Date)
(Name of Cl (Program Nam to (Time)	ne) (Destination or Activity m will not be responsible after my (Name of Person accepting respo	has permission to leave at (Date)
(Name of Cl (Program Nam to (Time) I understand the child care program thorized above.	(Destination or Activity m will not be responsible after my (Name of Person accepting response the child care program.	has permission to leave at (Date)

RELEASE AUTHORIZATIONS

Facility Name/Ac	ldress
TRAVEL RELE	ASE
I/We do	do not, give consent for (name of child)
to newticinate in fig	eld trips with the above named program. I/We do reserve the right to be notified before
to participate in the	involves travel out of town. I release the program of any liability unless negligence is
	myoryes dayor out or town vicious in
proven.	
Restrictions:	
Date	Signature of Parent or Legal Guardian
	/VIDEOTAPING RELEASE
I/We do, do	not, give consent that the above named program may take
photographs/videota	apings of our child (name of child)
and I/we consent th	at the program may use the photographs/videotapes of our child in promoting the
purpose of the Cent	er. We understand that no financial benefits from the use of the
	spes are obligated to be paid to us.
Restrictions:	
Date	Signature of Parent or Legal Guardian
SCHOOL-AGE TR	AVEL TO AND FROM SCHOOL NOTIFICATION
I/We understand that	my child will be transported with only one adult in a center-owned vehicle for the
sole purpose of trans	porting children to and from school. My child will be transported to and from (name
of school)	·
This includes days in	which there is early release/late starts at the school. I affirm that my child's
participation in the tr	ansportation program is entirely my choice, with the understanding of risk or
accidental injuries the	at may be involved in any transportation program in the Center.
	Signature of Parent or Legal Guardian
Date	DIEHMANA AT CANALLY

Date