

INTAKE SHEET

I. Child's Identification Information

Name		Nickname:
Sex:	Birthdate	Name of school, if attending:

II. Family Information: Parents or Guardians

Name Address Place of Employment Work Phone

_____ Single _____ Married _____ Divorced _____ Separated _____ Foster Parent

Names and ages of other children in the home:

III. Emergency Contact

Name Address Place of Employment Work Phone

IV. Play and Sociability

- 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) _____

V. Personality and Emotional Development

- Is your child affectionate? _____ To whom? _____
- Does she/he accept new people easily? _____ YES _____ NO
- What are your child's fears? _____
- Is your child usually happy? _____ YES _____ NO
- What nervous habits does your child have? _____

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VI. Discipline

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

VII. Infants and Toddlers

- Has your baby had any feeding problems? _____ YES _____ NO
If yes, please explain _____
- Have you noticed any allergies or sensitivities to particular foods? _____
- Is your baby: Breast fed? _____ Bottle fed? _____
- What food is your baby eating now?
Fruits _____ Juices _____
Vegetables _____ Meats _____
Cereals _____ Milk (Formula) _____
- Sleep habits during the day: _____
- Does your child have a "fussy" time? When? _____
- How do you handle this "fussy" time? _____
- Do you have special ways of helping your baby go to sleep? If yes, how. _____
- Does your child use a pacifier or suck thumb/fingers? _____
- Has toilet training been attempted? Yes No What is used at home? _____
- Is baby's skin highly sensitive? Yes No What is used at home? _____
- How does your child relate to strangers?
- Is your child frightened by anything? _____

VIII. Other Information: Please list some of your child's favorite:

Snacks & Drinks: _____

Games: _____

Other Activities: _____

Give any other information you believe will be helpful to us in understanding your child. _____

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 under 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.

I agree to pay all costs and fees as secured or authorized under this consent.

CHILD'S NAME:		BIRTH DATE:	
PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMERGENCY CONTACT PERSON(S)			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
3. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
PERSONS AUTHORIZED TO PICK UP CHILD		ADDRESS	PHONE NUMBER
1.			
2.			
3.			

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while care at the center?

Name	Name
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PHYSICIAN NAME		DENTIST NAME	
PHONE NUMBER		PHONE NUMBER	
ADDRESS		ADDRESS	
HOSPITAL PREFERENCE			DATE OF LAST TETANUS
KNOWN ALLERGIES			
PRESENT MEDICATION			
INSURANCE COMPANY			POLICY HOLDER ID

This consent will be in effect beginning (date) _____ and be updated annually by the parent/legal guardian.

SIGNATURE OF PARENT OR GUARDIAN	DATE	SIGNATURE OF PARENT OR GUARDIAN	DATE
UPDATE	DATE	UPDATE	DATE
UPDATE	DATE	UPDATE	DATE

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: _____ Date: _____

NON-CENTER ACTIVITY PARENT PERMISSION AUTHORIZATION

_____ has permission to leave
(Name of Child)
_____ on _____ at
(Program Name) (Date)
_____ to _____
(Time) (Destination or Activity)

I understand the child care program will not be responsible after my child leaves the center as authorized above. _____

(Name of Person accepting responsibility)

will be responsible for my child after leaving the child care program.

Date _____ Parent Signature _____

Date _____ Parent Signature _____

NON-CENTER ACTIVITY PARENT PERMISSION AUTHORIZATION

_____ has permission to leave
(Name of Child)
_____ on _____ at
(Program Name) (Date)
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(Name of Person accepting responsibility)

will be responsible for my child after leaving the child care program.

Date _____ Parent Signature _____

Date _____ Parent Signature _____

RELEASE AUTHORIZATIONS

Facility Name/Address _____

TRAVEL RELEASE

I/We do _____, do not _____, give consent for (name of child) _____ to participate in field trips with the above named program. I/We do reserve the right to be notified before each field trip that involves travel out of town. I release the program of any liability unless negligence is proven.

Restrictions:

Date

Signature of Parent or Legal Guardian

PHOTOGRAPHY/VIDEOTAPING RELEASE

I/We do _____, do not _____, give consent that the above named program may take photographs/videotapings of our child (name of child) _____, and I/we consent that the program may use the photographs/videotapes of our child in promoting the purpose of the Center. We understand that no financial benefits from the use of the photographs/videotapes are obligated to be paid to us.

Restrictions:

Date

Signature of Parent or Legal Guardian

SCHOOL-AGE TRAVEL 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 transporting 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 transportation program is entirely my choice, with the understanding of risk or accidental injuries that may be involved in any transportation program in the Center.

Date

Signature of Parent or Legal Guardian

