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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child’s Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ALLERGY ALERT**: Does your child have allergies? **Yes** **No** If yes, list all allergies on back side of form | | | | | | | **Parent/Guardian Contact Information** | | | | | | | Name | | Relationship | | | | | Home Address | | City | | | Zip | | Home Phone Cell Phone | | Work Phone | | Driver’s License # | | | Employer and Work Hrs. | | Email | | | | | Name | | Relationship | | | | | Street Address | | City | | | Zip | | Home Phone Cell Phone | | Work Phone | | Driver’s License # | | | Employer and Work Hrs. | | Email | | | | | **Medical/Dental Contact Information** | | | | | | | Insurance Provider and Policy Information (if applicable) | | | | | | | Primary Physician Name: Phone: | | | | | | | Dental Provider Name: Phone: | | | | | | | **Required Emergency Contact Information—**person other than parent or guardian that is authorized to pick up child | | | | | | | Name | Phone | | Relationship | | | | Name | Phone | | Relationship | | | | **Non-Emergency Contact Information—**person other than parent or guardian that is authorized to pick up child | | | | | | | Name | Phone | | Relationship | | | | Name | Phone | | Relationship | | | | **Parent/Guardian Authorization** | | | | | | | **Please check the following:**  **My child** may be taken on field trips or excursions by bus with advance notice, and proper supervision.  **My child** may be photographed for publicity or news purposes.  **My child** may be given non-prescribed medication as indicated on the container. This may include sunscreen children’s  Pain reliever, first aid cream and diapering ointment. Syrup of Ipecac may be administered if deemed necessary by the  Poison Control operator. The child’s parent/guardian will be contacted prior to administering non-prescription pain  Reliever.  **My child’s** photo may be used on our Facebook page and/or website.  **The Playschool creates a classroom contact list that is made available to other families at our school.**  Please include my families Email Address Phone Number Child’s Birthdate  **Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |  |  | | --- | --- | | Has your child previously been in child care? If yes, what type of care and for how long? | | | Reason for requesting care: | | | **Child General Information –** please include all information that will assist us in providing quality care for your child | | | Separated or divorced parents: With whom does the child live? | What are your child’s strengths and main interests? | | What is your child’s sleeping habits and schedule? How do you put them to sleep at night? | What are your child’s eating habits, likes and dislikes: | | Please comment on your child’s bathroom training. Does your child use the bathroom independently at home? | Goals for your child this school year: | | **Child’s Medical Information** | | | Does your child have allergies? Has your child had chickenpox?  Yes No Yes No | | | ***List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions.*** | | | Do any of the medical conditions restrict the child’s activities? | | | **Other Children at Home** | | | Name Relationship Age | | | Name Relationship Age | | | Name Relationship Age | | | | | | | | |