

Date of enrollment: 8/15/17 Date of discharge: _____

Child's Personal Data Sheet

1. **Child's Name:** _____ **DOB** ____ / ____ / ____

Primary Caregiver: _____ Relationship to child: _____

Home Address: _____ City, State, Zip _____

Cell phone: _____ Work phone: _____ Email: _____

Place of employment: _____ Work hours: _____

Secondary Caregiver: _____ Relationship to child: _____

Home Address: _____ City, State, Zip _____

Cell phone: _____ Work phone: _____ Email: _____

Place of employment: _____ Work hours: _____

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2. Emergency Contact Information - In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 600.604.b

Name of person to call if parents cannot be reached: _____

Address: _____ City, State, Zip _____

Cell phone: _____ Work phone: _____ Home phone: _____

Is this person authorized to take the child from the center? Yes _____ No _____ Relationship to child: _____

3. List all other adults who are authorized to take the child from the center:

Name Relationship Phone number

Name Relationship Phone number

Name Relationship Phone number

.....
4. Medical Information: In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit 600.604.c

Child's Physician or emergency treatment facility Phone number

Address City State Zip

I, _____, mother / father / guardian **(circle one)**

of _____, do hereby give my consent to the Director of the
(Child's name)

Child Care Facility, or his duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature of parent or guardian Date

Witness (FOR OFFICE USE ONLY) Date

5. Consents

I hereby give _____/do not give _____ written permission for the use of suntan lotions/sunscreen for my child in permit able weather. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1100.1101.27.

Signature: _____ Date: _____

I hereby give _____/do not give _____ the Child Care facility permission to take photographs or video tape of my child for use in the facility. I hereby give _____/do not give _____ the Child Care facility permission to place photos and/or video recordings of my child on social media or the facility webpage. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 600.604.1.k and l.

Signature: _____ Date: _____

6. Acknowledgments

This is a statement of verification that I have been informed that childcare licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. THIS INFORMATION LOCATED IN PARENT HANDBOOK. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.201.4

Signature: _____ Date: _____

This is to acknowledge that that I have received a list of Kindergarten Readiness Skills for my child (3 and 4 year old children only). In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.201.5

Signature: _____ Date: _____

This is a statement of verification that I have been informed of the behavior guidance policy practiced. THIS INFORMATION LOCATED IN PARENT HANDBOOK. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit 500.501.7

Signature: _____ Date: _____

This is a statement of verification that I have received information regarding stages of development, physical activity, nutrition, and SIDS in accordance with Carter's Law (all parents of infants). In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 600.604.1.n

Signature: _____ Date: _____

7. Pertinent Medical and Developmental Information-In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 600.604.g

Immunizations: I have provided a copy of my child's Immunization Record: Yes _____ No _____

Disease history: Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____

Frequent colds: Yes _____ No _____ Biting: Yes _____ No _____ Temper tantrums: Yes _____ No _____
Defective heart: Yes _____ No _____ Contracted Tuberculosis: Yes _____ No _____
Sun Sensitivity: Yes _____ No _____ Seizures: Yes _____ No _____ Frequent ear infections: Yes _____ No _____
Fainting spells: Yes _____ No _____ Diabetes: Yes _____ No _____ Frequent throat infections: Yes _____ No _____

Allergies: _____ Medications: _____

Physical or emotional concerns child might have _____

Other conditions or comments: _____

Special food needs: Formula _____ Diabetic diet _____ Other _____

Is child toilet-trained: Yes _____ No _____ Words used in toileting _____

Siblings? Yes _____ No _____ Name(s) of siblings: _____

8. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature: _____ Date: _____

9. I have received a copy of the handbook and agree to the policies therein. Signature: _____