

Date of enrollment: _____

Date of discharge: _____

Child's Personal Data Sheet

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

Primary Caregiver: _____ Relationship to child: _____

Email address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

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

Place of employment: _____ Work hours: from _____ to _____

Secondary Caregiver: _____ Relationship to child: _____

Email address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

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

Place of employment: _____ Work hours: from _____ to _____

.....
2. Emergency Contact Information:

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

Address: _____ City: _____ State: _____ Zip: _____

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

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

.....
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:

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 _____

Date _____
.....

5. Consents:

I hereby give _____/do not give _____ the Director of the Child Care Facility or his appointed representative permission to give _____ Acetaminophen. I understand I will be notified that the medication has been administered.

(Child's Name)

Signature: _____ Date: _____

I hereby give _____/do not give _____ written permission for the use of suntan lotions/sunscreen for my child in permit able weather. School age children may apply sunscreen to themselves with supervision. In accordance with Minimum Licensing Requirements:

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.

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.

Signature: _____ Date: _____

This is to acknowledge that I have received a copy of or given the website address to the electronic version of a list of Kindergarten Readiness Skills for my child (3 and 4YO).

Calendar: http://humanservices.arkansas.gov/dccece/classroom_docs/DHS_RICalendar.pdf

Checklist: <http://arbetterbeginnings.com/parents-families/resource-library/kindergarten-readiness-checklist>

Signature: _____ Date: _____

This is a statement of verification that I have been informed of the behavior guidance policy practiced.

Signature: _____ Date: _____

This is a statement of verification that I have received information regarding Shaken Baby Syndrome in accordance with Carter's Law (all parents of infants).

Signature: _____ Date: _____

7. Pertinent Medical and Developmental Information:

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 _____

Defective heart: Yes _____ No _____

Sun Sensitivity: Yes _____ No _____

Fainting spells: Yes _____ No _____

Biting: Yes _____ No _____

Seizures: Yes _____ No _____

Diabetes: Yes _____ No _____

Temper tantrums: Yes _____ No _____

Contracted Tuberculosis: Yes _____ No _____

Frequent ear infections: 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: _____