

CHILD INFORMATION FORM

FAMILY INFORMATION

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name Child Goes By/Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Church Mother Attends: \_\_\_\_\_ Member: \_\_\_ Yes \_\_\_ No

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Church Father Attends: \_\_\_\_\_ Member \_\_\_ Yes \_\_\_ No

Child lives with: \_\_\_ Mother & Father \_\_\_ Mother \_\_\_ Father  
\_\_\_ Other (please list): \_\_\_\_\_

Parent's Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Other

Please list at least three names and phone numbers of persons that we may contact for emergencies, if a parent cannot be reached.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list names and phone numbers of persons to whom we may release your child, if different than those listed above.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**HEALTH INFORMATION**

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Other Health Problems: \_\_\_\_\_

**ROUTINE INFORMATION**

Eating Habits & Difficulties: \_\_\_\_\_

\_\_\_\_\_

Sleep & Nap Habits: \_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

**SOCIAL & PHYSICAL GROWTH**

Please mark the following with Y(yes) or N (no). Additional notes can be provided in the space below:

- |                                 |                            |
|---------------------------------|----------------------------|
| 1. Right Handed _____           | 9. Has unusual fears _____ |
| 2. Left Handed _____            | 10. Speaks well _____      |
| 3. Well Coordinated _____       | 11. Excitable _____        |
| 4. Clumsy _____                 | 12. Restless _____         |
| 5. Good hand coordination _____ | 13. Shy _____              |
| 6. Has falling spells _____     | 14. Domineering _____      |
| 7. Dare-devil behavior _____    | 15. Happy _____            |
| 8. Impulsive _____              |                            |

Please list any additional comments regarding the above issues: \_\_\_\_\_

\_\_\_\_\_

What are some of the ways your child plays at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what ways do you expect our program to help your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments you think will help those working with your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL RELEASE FORM

I, \_\_\_\_\_ (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_ (Child) in the event of accident, injury, sickness, etc..., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

In case I cannot be reached, the following person is designated to act on my behalf:  
Director: Michelle Gill  
Other personnel designated by the director in her absence.

PERMISSION FOR FIELD TRIPS

I give permission for my child to accompany his/her class and staff persons on field trips planned and authorized by First Christian Church Preschool/Mother's Day Out program. These may be neighborhood walks, or trips in an authorized vehicle.  
I also give permission for my child to be included in evaluations and pictures connected with the program.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

PHOTO RELEASE FORM

Child's Name: \_\_\_\_\_  
The First Christian Church Preschool/Mother's Day Out program requests your permission to take, develop & display pictures taken of your child while he/she is attending the program. These pictures may be used for a variety of uses, such as: sharing special moments and activities with parents, preparing class memory and craft items, use in worship video, or displaying on the FCC Website/Facebook Page. All photos will consist of your child actively learning and/or playing.

Please sign below if you grant the First Christian Church Preschool/Mother's Day Out program permission to take your child's photo and use those photographs for the purposes described above.

Permission Granted By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_