

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: Samantha Hilbers

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: _____