



## **FAMILY & CHILD INFORMATION**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

### **PARENT OR GUARDIAN INFORMATION**

#### **Parent/Guardian #1:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Department: \_\_\_\_\_

Contact person at work (who usually knows your whereabouts):

\_\_\_\_\_

#### **Parent/Guardian #2:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Department: \_\_\_\_\_

Contact person at work (who usually knows your whereabouts):

\_\_\_\_\_



## EMERGENCY & AUTHORIZED PICK-UP CONTACT INFORMATION

**IMPORTANT:** List at least TWO individuals as Emergency Contacts and Authorized Pick-ups. We must have written permission for anyone other than those listed below to pick your child up from the center.

(Please select all that apply)

NAME: \_\_\_\_\_  Emergency Contact  
 Authorized to Pick-up

Relationship to child: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work

NAME: \_\_\_\_\_  Emergency Contact  
 Authorized to Pick-up

Relationship to child: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work

NAME: \_\_\_\_\_  Emergency Contact  
 Authorized to Pick-up

Relationship to child: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work

NAME: \_\_\_\_\_  Emergency Contact  
 Authorized to Pick-up

Relationship to child: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work

NAME: \_\_\_\_\_  Emergency Contact  
 Authorized to Pick-up

Relationship to child: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work  
\_\_\_\_\_  Home  Cell  Work



**Child's Medical Care Information:**

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital to take child in case of an emergency:  
\_\_\_\_\_

Dentist's Name (either Child's or Parents): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Child's Health Insurance**

Name of Insurance Plan: \_\_\_\_\_

Certificate Number (or ID) #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_

**Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Consent and Agreement for Emergencies**

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Signature of Parent/Legal Guardian:

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

Review Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_



## **FAMILY SHARE**

**Please Share some information about you and your child to help us get to know you better!**

Child: \_\_\_\_\_ Parents/Guardians: \_\_\_\_\_

DOB: \_\_\_\_\_ Date completed: \_\_\_\_\_

Teacher/Group: \_\_\_\_\_

### **Tell us about yourself and others who have helped raise your child:**

Family cultural preferences:

New to Childcare? Past Experiences?:

What is most important to you for your child to receive from us?:

### **Tells us about your child:**

Siblings: Y / N How Many?

Likes and interests/ what does your child enjoy playing with?:

New to Childcare? Past Experiences?:

Child's temperament:

Child's personality:

Child's participation level:

Personal or special needs:

Anything else you'd like to share:



## **PARENTAL WAIVER & CONSENT FORMS**

### **WATER PLAY / ENRICHMENT / FIELD TRIPS ON & OFF SITE:**

I, (parent) \_\_\_\_\_, as the undersigned parent or legal guardian of (child) \_\_\_\_\_, **AUTHORIZE / DO NOT AUTHORIZE** (Please circle) for my child(ren) to participate in WATER PLAY, ENRICHMENT PROGRAMS and TRANSPORTATION PROVIDED BY STA.

Furthermore, I do hereby agree that I will not hold Kid Logic Learning, its leadership or the volunteers serving on its behalf, liable in case of accident, injury, and loss or damage of property in connection with the trip/activity. This shall include any incidents which may occur during, on the way to, or on the way from the above-stated event.

In addition, if I cannot be personally contacted, I give the bearer of this document my permission to authorize any emergency medical care that may appear necessary.

Signature of Parent/Legal Guardian:

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

### **PHOTOGRAPHY USE:**

I, (parent) \_\_\_\_\_, as the undersigned parent or legal guardian of (child) \_\_\_\_\_, **AUTHORIZE / DO NOT AUTHORIZE** (Please circle) for my child(ren) to be photographed or their images recorded for print or electronic use in promoting our program's services. Such services include our program's Facebook page, website, documentation displays throughout the school, Teaching Strategies GOLD child portfolios, and/or classroom emails and newsletters.

I understand that it is my responsibility to update this form in the event that I wish to change the preference indicated above. I agree that this form will remain in effect during the term of my child's enrollment.

Signature of Parent/Legal Guardian:

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_



## **NEEDS LIST**

**\*\*Please label ALL items\*\***

- Updated Immunization record
- Helmet for bike riding (Age 2 and up)
- Water bottle or Sippy cup, whichever is appropriate
- Crib sheet & Blanket (Needs to go home every Friday to wash)
- Other items needed for comfort at nap
- Extra clothes including socks and underwear (Weather appropriate)
- Diapers & Wipes if needed
- Outdoor Gear (Weather appropriate) ie. Bathing suit & towel, snow pants/hats/mittens/gloves, rain boots, etc.
- Bug spray if desired (Give to teacher to keep out of reach of children)
- Indoor shoes to stay at school- 1 pair only please (NO OPEN-TOED SHOES)
- Home Journal if you would like for communication with teacher