

Child Release

Anyone picking up a child may be asked to present ID, especially on the first time picking up. The School must be notified by Guardians ahead of time for anyone not on this list to pick up their child.

The following people have permission to pick up my child:

1. _____.
2. _____.
3. _____.
4. _____.

The following people do NOT have permission to pick up my child:

1. _____.
2. _____.
3. _____.
4. _____.

Photo Release

I agree that _____ may use photographs of me and my child, with or without my name, for any lawful purpose including but not limited to: Publicity, Illustration, Advertising, and Web Content.

Parent Name Printed: _____.

Parent Signature: _____.

Date: _____.

2nd Year Re-sign: _____ **Date:** _____.

3rd Year Re-sign: _____ **Date:** _____.

NON-PRESCRIPTION MEDICATION FORM

Child's Name _____

I hereby give permission to _____

to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

Specify name brand, frequency, and duration of use.

Baby Wipes _____

Ointment (Desitin, Vaseline, etc.) _____

Baby Powder _____

Sunscreen _____

Insect Repellent _____

Other _____

* I release the above named daycare provider from any liability from administering these products.

Parent Signature/Date _____

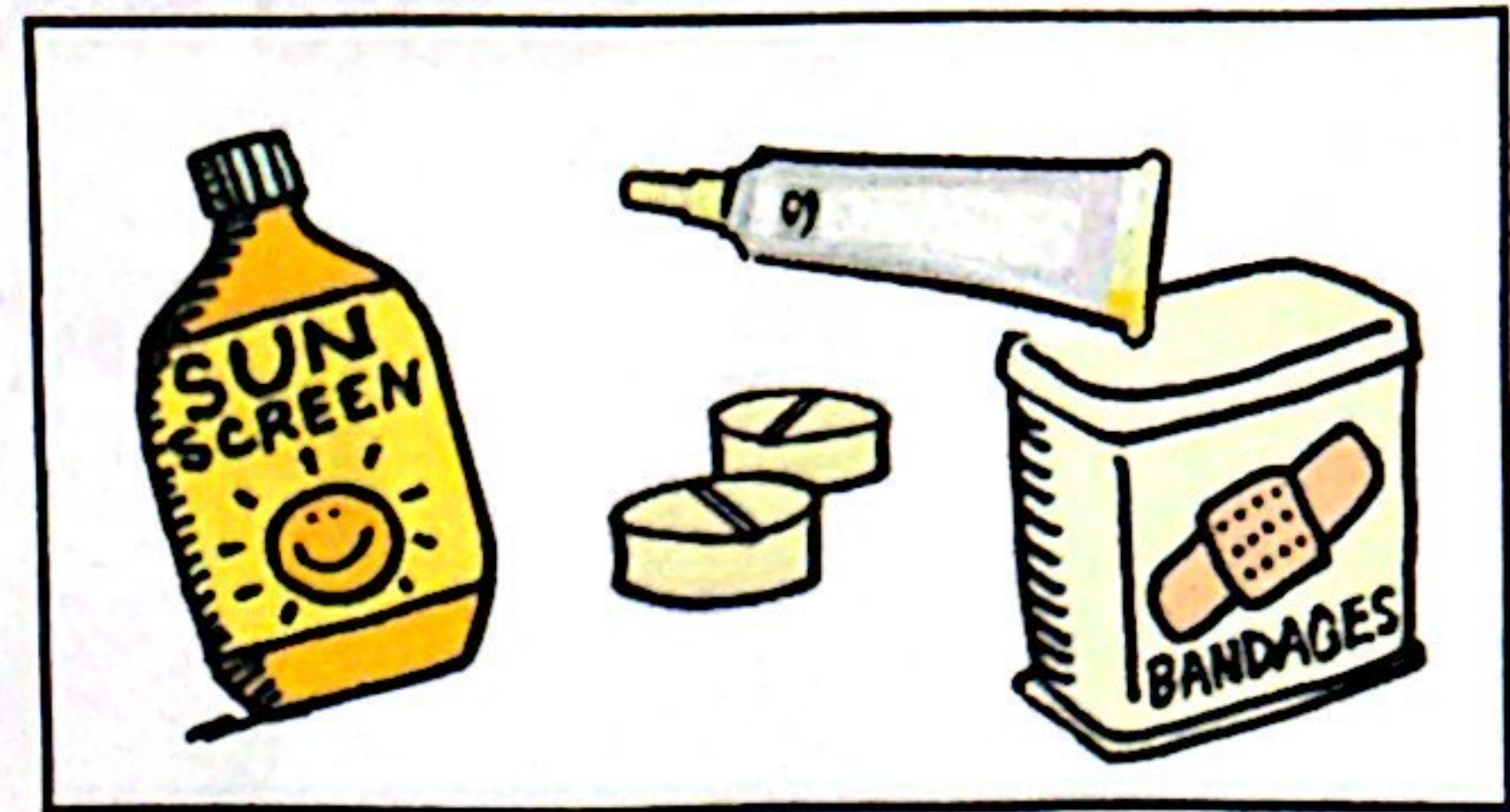
Parent Signature/Date _____

All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.

Over-the-Counter Medication Form

Name _____

Date _____



I give permission for, _____ to use the following over-the-counter or external preparations as needed according to the directions for use on the container. Note: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), I will need a physician's note with the appropriate dosage.

*Denotes items that must be supplied by parents. All must be in the original container clearly labeled with the child's name.

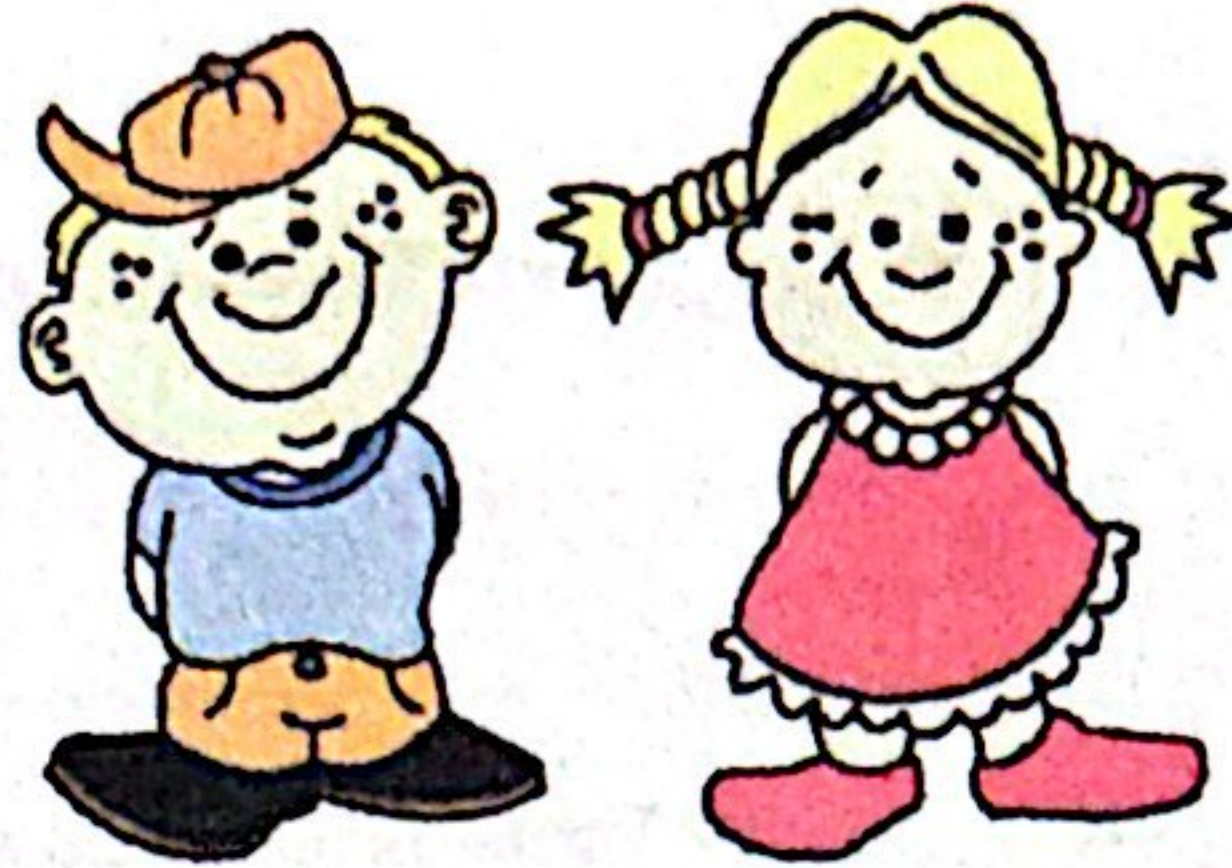
- * () Acetaminophen
- * () Ibuprofen
- * () Benedryl
- * () Baby Wipes
- * () Baby Lotion
- * () Baby Powder
- * () Sunscreen
- * () Insect Repellent
- () Band-Aids
- () Neosporin or similar Ointment
- () Bactine or similar First Aid Spray

Parent Signature _____

Parent Signature _____

This consent is valid for 1 (one) year.

ALL ABOUT YOUR CHILD



Child's Full Name _____ Nickname _____

I have _____ brother(s) and _____ sister(s). Their names and ages are _____

Has your child been in daycare before? Yes _____ No _____

If yes, name of provider or center _____

Provider/Center address/Phone Number _____

Dates care was provided, from _____ to _____

Reason care was terminated _____

Eating Habits :

Does your child have a special diet? _____ Are there any foods that should not be served to your child?

If yes, please list the food and the reason _____

Your child's favorite foods _____

Least favorite _____

Does your child eat independently? Yes _____ No _____

For infants, what brand of formula do you use? _____

Does your child require: bottle _____ sippy cup _____ high chair _____ booster seat _____

Sleeping Habits:

Does your child have a regular bedtime schedule? Yes _____ No _____

What time does your child usually wake up in the morning? _____

What time does your child usually go to bed at night? _____

Does your child take naps? If yes, how long does your child usually nap? _____

Does your child have any problems getting to sleep or staying asleep? If yes, explain _____

Health Concerns:

Does your child have any known health concerns? Yes _____ No _____

If yes, please describe _____

Does your child take any medications on a regular basis? Yes _____ No _____

If yes, list the medication(s), dosage, and how often taken _____

Are there any hearing or vision problems? If yes, please describe _____

Does your child have any known allergies? Yes _____ No _____

If yes, please list the allergy and how it is dealt with _____

List any communicable diseases your child has had _____

Does your child suffer from any of the following on a *regular* basis (check all that apply)?

Nosebleeds _____ Headaches _____ Sore throats _____ Stomachaches _____ Runny nose _____

Seasonal allergies _____ Other _____

Behavior:

How do you "reward" or "discipline" your child? _____

Anything else about your child you feel I should know? _____

TRANSPORTATION FORM

I/We give permission for my/our child _____
(child's name)

to leave the daycare residence in the company of _____
(provider's name)

This signed statement includes emergency transport, field trips, errands, etc. at the discretion of the child care provider.

Should travel take place by vehicle, the driver shall hold a current driver's license, and the vehicle will be registered and insured according to state law.



(parent signature)

(parent signature)

(date)

(date)