Our Little Haven

Registration Packet

Includes:

Contact Form | Intake Form | Parent Emergency Form | Physical Form | Medication Form

Parental Emergency Medical Consent

Childs Full Name _____Date of Birth_____

This form allows parents and guardians to authorize the provision of emergency treatment for the above child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at _____(phone number) or _____(phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor _____(physician) at _____(phone number) or Doctor _____ (dentist) at _____(phone number) or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____(preferred hospital).

Parents/Guardian/Custodians with Whom the Chide Resides:

Name:_____ Relationship to Child _____

Address:_____ Home Phone _____

Employer:_____ Email Address: _____

Work Phone _____ Work Hours _____

Name:_____ Relationship to Child _____

Address:_____ Home Phone _____

Employer:_____ Email Address: _____

Work Phone _____ Work Hours _____

Person to Contact in Case of Emergency if parents Are Unavailable, and are Authorized to Pick Up Child:

Name:_____ Relationship to Child _____

Address:_____ Home Phone _____

Employer:_____ Email Address: _____

Work Phone _____ Work Hours _____

Name:_____ Relationship to Child _____

Address:_____ Home Phone _____

Employer:_____ Email Address: _____

Work Phone _____ Work Hours _____

Are there any custody or restraining orders for the person(s) who may attempt to pick up or have contact with the child while at the center?

Name: _____

Name: _____

Medical Information:

Physician Name: _____ Dentist Name: _____

Street Address: _____ Street Address: _____

City/State: _____ City/State: _____

Phone #: _____ Phone #: _____

Date of last tetanus: _____ Known Allergies: _____

Insurance Company: _____ Policy Holder's ID: _____

My consent will be in effect beginning (date): _____ and be annually updated by the parent / legal guardian.

_____

Signature of Parent Date Signature Date

_____

Update Date Update Date

_____

Update Date Update Date

Contact Information

Mother's Name _____ Father's Name _____

Address _____ Address _____

_____ _____

Phone # _____ Phone # _____

Company _____ Company _____

Work Address _____ Work Address _____

_____ _____

Alternative Phone# _____ Alternative Phone# _____

The following people are permitted to pick up my children from day care (for the child's protection, anyone picking up the child should bring a photo ID):

Name _____ Name _____

Address _____ Address _____

_____ _____

Phone# _____ Phone# _____

Alternative Phone# _____ Alternative Phone# _____

If parents cannot be reached in an emergency situation, the following people should be contacted:

Name _____ Name _____

Address _____ Address _____

_____ _____

Phone# _____ Phone# _____

Alternative Phone# _____ Alternative Phone# _____

Intake Sheet

Child's Identification Information

Name: _____ Nickname: _____

Sex: _____ Birthday: _____ Name of Scholl, If Attending: _____

Family Information: Parents and Guardians

Name Address Place of Employment Work Phone

_____

_____

_____ Single _____ Married _____ Divorced _____ Separated _____ Foster Parent

Names and ages of the other children in the home:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Child's Medical History:

Allergies (foods, medications, insects, etc.) _____

Chronic or recurrent illnesses or diseases (asthma, seizures, diabetes, etc.) _____

Please indicate NONE if your child has no medical problems

Does your child take medications for this condition? _____ Yes _____No

If yes, please state the name and dosage: _____

Will the medication need to be given during program hours? _____ Yes _____No

What should we do if your child has a problem related to her/his medical condition during program hours?

_____

_____

Play and Sociability

How does your child get along with other children? _____

_____

Hi/Her usual playmates are _____ girls _____ boys _____ older _____ younger

What is the usual size of your child's neighborhood group?

Previous group experience other than school: _____ preschool _____ playgroup _____ Sunday school

_____Other (specify) _____

Physical Assessment & Health Form

Health Statement – To be completed by parent.

_____

Child's Full Name Birth Date:

- Significant illnesses and surgeries child has had (give age at time)

_____

_____

- Any special health related needs of child (allergies, medications, injuries, etc.)

_____

_____

Physical Assessment – To be completed by a physician or his/her designee.

- Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

_____

_____

- Is this child subject to any condition which limit classroom activities or physical education?

_____

_____

- Is this child subject to any condition which may result in an emergency situation?

_____

_____

- Is this child subject to any mental of physical condition for which he/she should remain under periodic medical observation?

_____

_____

- Other significant findings?

_____

_____

- He/She IS or IS NOT (circle one) physical and emotionally able to participate in the Program?

_____

Date of Examination _____ Doctor's Signature _____

Address _____