Date of enrollment: _____ Date of discharge: _____

Child's Personal Data Sheet

1. Child's Name: _____ ***DOB*** ____/____/____

Primary Caregiver: _____ Relationship to child: _____

Email address: _____

Home Address: _____ City, State, Zip_____

Home phone: _____ Work phone:_____ Cell phone:_____

Place of employment: _____ Work hours: _____

Secondary Caregiver: _____ Relationship to child: _____

Email address: _____

Home Address: _____ City, State, Zip_____

Home phone: _____ Work phone:_____ Cell phone:_____

Place of employment: _____ Work hours: _____

2. Emergency Contact Information:

Name of person to call if parents cannot be reached: _____

Address: _____ City, State, Zip_____

Home phone: _____ Work phone: _____Cell phone: _____

Is this person authorized to take the child from the center? Yes_____ No_____

3. List all other adults who are authorized to take the child from the center:

Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number

4. Medical Information:

Child's Physician or emergency treatment facility _____ Phone number _____

Address _____ City _____ State _____ Zip _____

I, _____, mother / father / guardian ***(circle one)***

of _____, do hereby give my consent to the Director of the
(Child's name)

Child Care Facility, or his duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature of parent or guardian _____ Date _____

Witness _____ Date _____

5. Consents:

I hereby give____/do not give____ the Director of the Child Care Facility or his appointed representative permission to give _____ Acetaminophen. I understand I will be notified that the medication has been administered.
(Child's Name)

Signature: _____Date: _____

I hereby give_____/do not give_____ written permission for the use of suntan lotions/sunscreen for my child in permit able weather. School age children may apply sunscreen to themselves with supervision. In accordance with Minimum Licensing Requirements:

Signature: _____Date:_____

I hereby give_____ /do not give _____ the Child Care facility permission to take photographs or video tape of my child for use in the facility.
I hereby give _____ / do not give _____ the Child Care facility permission to place photos and/or video recordings of my child on social media or the facility webpage. .

Signature: _____Date:_____

6. Acknowledgments:

This is a statement of verification that I have been informed that childcare licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes.

Signature: _____Date: _____

This is to acknowledge that I have received a copy of or given the website address to the electronic version of a list of Kindergarten Readiness Skills for my child (3 and 4YO).
Calendar: http://humanservices.arkansas.gov/dccece/classroom_docs/DHS_RICalendar.pdf
Checklist: http://arbetterbeginnings.com/parents-families/resource-library/kindergarten-readiness-checklist

Signature: _____Date: _____

This is a statement of verification that I have been informed of the behavior guidance policy practiced.

Signature: _____Date: _____

This is a statement of verification that I have received information regarding Shaken Baby Syndrome in accordance with Carter's Law (all parents of infants).

Signature: _____Date:_____

7. Pertinent Medical and Developmental Information:

Immunizations: I have provided a copy of my child's Immunization Record: Yes_____ No _____

Disease history: Measles _____ Mumps _____German Measles _____Chicken Pox _____Whooping Cough_____

Frequent colds: Yes ____No_____
Defective heart: Yes ____No_____
Sun Sensitivity: Yes ____No_____
Fainting spells: Yes ____No_____

Biting: Yes _____ No____
Seizures: Yes____ No____
Diabetes: Yes____ No____

Temper tantrums: Yes_____ No____
Contracted Tuberculosis: Yes_____ No____
Frequent ear infections: Yes____ No____
Frequent throat infections: Yes ____ No____

Allergies: _____ Medications: _____

Physical or emotional concerns child might have_____

Other conditions or comments: _____

Special food needs: Formula_____ Diabetic diet_____ Other_____

Is child toilet-trained: Yes_____No_____ Words used in toileting_____

Siblings? Yes____ No____ Name(s) of siblings:_____

8. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.
Signature: _____ Date: _____

9. I have received a copy of the handbook and agree to the policies therein. Signature:_____