



Date: _____

1st CHILD'S INFORMATION

First Name: _____ M.I. __ Last Name: _____
Name child prefers to be called: _____ Age: _____
Child's Address: _____
Gender: [] Male [] Female Date of Birth: _____ Child's S.S. #: _____

MEDICAL INFORMATION

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Food Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

CHILD'S TRAITS

Favorite Foods: _____

Does he/she nap? When? What makes nap time special (i.e.: special stuffy, music, story, etc.)? :

Special Likes: _____

Dislikes or Fears: _____

How does he/she show anger? _____

How do you discipline? _____

Favorite Activity: _____

Strengths: _____

Is this his/her first daycare/ preschool experience? _____

If not where did you go previously and did you have concerns? _____

What would you like him/her to work on? _____

Are there any concerns about speech, motor skills or social/emotional skills?

Please write any additional information that you would like me know about your child that will help in his/her development and learning path:

2nd CHILD'S INFORMATION

First Name: _____ M.I. __ Last Name: _____
Name child prefers to be called: _____ Age: _____
Child's Address: _____
Gender: [] Male [] Female Date of Birth: _____ Child's S.S. #: _____

MEDICAL INFORMATION

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Food Allergies: _____
Pediatrician's Name: _____ Phone: () _____
Address: _____

CHILD'S TRAITS

Favorite Foods: _____

Does he/she nap? When? What makes nap time special (i.e.: special stuffy, music, story, etc.)? : _____

Special Likes: _____

Dislikes or Fears: _____

How does he/she show anger? _____

How do you discipline? _____

Favorite Activity: _____

Strengths: _____

Is this his/her first daycare/ preschool experience? _____

If not where did you go previously and did you have concerns? _____

What would you like him/her to work on? _____

Are there any concerns about speech, motor skills or social/emotional skills? _____

Please write any additional information that you would like me know about your child that will help in his/her development and learning path: _____

PROGRAM PERMISSIONS

I, _____, give the following permissions to Little Gardens:

Please Initial:

Sleeping Arrangement

Place my child for a nap in a cot or mat in the same floor as teacher/assistant)

Sunscreen and Insect Repellant

Apply **Over-the-counter Topical Ointments, Sunscreen and Topically Applied Insect Repellant** on my child when needed. I am aware that all Over-the-counter Topical Ointments, Sunscreen and Topically Applied Insect Repellant, must be in its original labeled container and provided to Little Gardens. Additionally, I understand all child-specific Topical Ointments, Sunscreen and Topically Applied Insect Repellant must be labeled with the child's first and last names.

Pictures

Take pictures of my child for educational and security purposes. I understand pictures will be displayed in the classroom settings, Brightwheel, project and/or in their individual journals.

Security and Monitoring

Utilize cameras and monitoring devices as an extra security precaution. Please note there is a camera located in each classroom as well at each entrance. I understand the cameras or monitoring devices **do not** replace direct supervision of children.

Transportation

I understand Little Gardens **does not** provide transportation. Any field trips or emergency evacuation drills will be within walking distance or by outside company (yellow school bus).

Authorized Pick Up - Parent/Guardian 1

First Name: _____ M.I. _ Last Name: _____
Address: _____
Date of Birth: _____ Home Phone: () _____
Occupation/Employer: _____ Cell Phone: () _____
Work Address: _____ Work Phone: () _____
Email: _____
Relationship to Child: Mother Father Grandparent Foster Parent Other _____
Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup
Is there is other information you would like us to know?

Authorized Pick Up - Parent/Guardian 2

First Name: _____ M.I. _ Last Name: _____
Address: _____
Date of Birth: _____ Home Phone: () _____
Occupation/Employer: _____ Cell Phone: () _____
Work Address: _____ Work Phone: () _____
Email: _____
Relationship to Child: Mother Father Grandparent Foster Parent Other _____
Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup
Is there is other information you would like us to know?

Authorized Pick Up Other than Parent/Guardian

First Name: _____ M.I. _ Last Name: _____
Address: _____
Date of Birth: _____ Home Phone: () _____
Occupation/Employer: _____ Cell Phone: () _____
Work Address: _____ Work Phone: () _____
Email: _____
Relationship to Child: Mother Father Grandparent Foster Parent Other _____
Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup
Is there is other information you would like us to know?

Signature of Parent/Guardian: _____

Date: _____

Print Name: _____