



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 another room (on the same floor as teacher/assistant) while using an electronic monitor, leaving the door open and checking on my child every fifteen minutes.

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.

Supervision of School Aged Children

___ Allow school age children to participate in activities out of the direct visual supervision. Such activities will occur on the premises of Little Gardens and school aged children will be checked on every 15 minutes.

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?

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: _____