

# Kidcare

## Child Enrollment Information

Child Information			
Child's Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Allergies, special instructions, comforting items:			

Parent/Guardian Information (1)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	

Parent/Guardian Information (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	

Emergency Contact (1)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Emergency Contact (2)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Emergency Contact (3) – Out-of-Area/Out-of-State			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Medical Information		
Child's Doctor's Name:		Phone #:
Address:	City:	State:
Preferred Hospital to Contact:		Phone #:
Address:	City:	State:

Child's Dentist's Name:		Phone #:
Address:	City:	State:

Does your child have any special needs that I need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Persons allowed to pick up my child if I am unable to: (Also list emergency contacts below if you want to allow them to pick up your child)		
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:

Any one NOT allowed to pick up my child (with copy of court order, if applicable):

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Consent & Release

Name of Facility: \_\_\_\_\_ Address of Facility: \_\_\_\_\_

Name of Child: \_\_\_\_\_

The following persons are allowed to pick up my child from child care in the event that I am unable to:

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anyone **NOT** permitted to pick up my child (with copy of court order, if applicable):

_____	_____	_____
_____	_____	_____

Consent is given for the items initialed below:

\_\_\_\_\_ Walking Trips  
To the following: \_\_\_\_\_

\_\_\_\_\_ Motor Vehicle Trips  
Type of vehicle: \_\_\_\_\_ To the following: \_\_\_\_\_  
Child restraint system to be used: \_\_\_\_\_  
Special needs of child during transport: \_\_\_\_\_

\_\_\_\_\_ Daily Transportation  
Type of vehicle: \_\_\_\_\_ To/from the following: \_\_\_\_\_  
Child restraint system to be used: \_\_\_\_\_  
Special needs of child during transport: \_\_\_\_\_

\_\_\_\_\_ Swimming and/or Wading  
Location: \_\_\_\_\_

\_\_\_\_\_ Other Activities (e.g. homework supervision, trips to neighborhood playgrounds, special trips)  
Description: \_\_\_\_\_

\_\_\_\_\_ Photo Release  
My child may be photographed while in child care. Photos may be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

\_\_\_\_\_ Decline Photo Release  
Do not photograph my child while in the child care program.

\_\_\_\_\_  
Signature of Parent Date

## School-Age Child Health Form/Parent Statement of Health

### Parent/Guardian complete this page

Please use an X in the box  to statements that apply to your child.

Date of child's last physical exam: \_\_\_\_\_

Date of last dental appointment: \_\_\_\_\_

#### Growth

I am concerned about child's growth.

#### Appetite

I am concerned about child's eating habits.

#### Rest

My child needs to rest after school.

#### Illness/Surgery/Injury

My child had a serious illness, surgery, or injury.

Please describe:

#### Physical Activity - My child

Must restrict physical activity or needs special equipment to be active. Please describe:

#### Play with friends - My child

- Plays well in groups with other children.
- Will play only with one or two other children.
- Prefers to play alone.
- Fights with other children.
- I am concerned about my child's play activity with other children.

#### School and Learning - My child

- Is doing well at school.
- Is having difficulty in some classes.
- Does not want to go to school.
- Frequently misses or is late for school.
- I am concerned about how my child is doing in school. Please describe:

**Allergy** - My child has allergies (Medicine, food, dust, mold, pollen, insects, animals, etc.). List allergies:

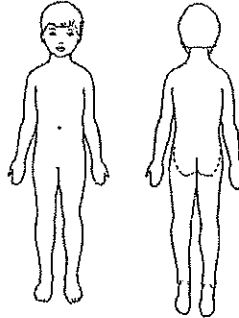
**Special Needs Care Plan** - My child has a special needs care plan (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.). Please discuss with your health care provider.

**Child name:** \_\_\_\_\_

### Body Health - My child has problems with

Skin, hair, fingernails or toenails.

Describe skin marks, birthmarks, or scars. Show us where these skin marks are located using the drawing below.



- Eyes/vision, glasses or contact lenses
- Ears/hearing, hearing assistive aides or device, earache, tubes in ears
- Nose problems, nosebleeds
- Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth
- Frequent sore throats or tonsillitis
- Breathing problems, asthma, cough
- Heart problems or heart murmur
- Stomach aches or upset stomach
- Trouble using toilet or wetting accidents
- Hard stools, constipation, diarrhea, watery stools
- Bones, muscles, movement, pain when moving
- Mobility, child uses assistive equipment
- Nervous system, headaches, seizures, or nervous habits (like twitches or tics)
- Females - difficult monthly periods
- Other special needs. Please describe:

**Medication<sup>1</sup>** - My child takes medication.

Medication Name	Time Given	Reason for giving medication

**Child has Epipen, inhaler, or other emergency medication.**

Yes  No

**Parent Signature:**  
(required)

**Date:**

<sup>1</sup> Parents: Please review the child care program's policies about the use of medication at child care.

## HANDBOOK/INTERNET PARENT ACKNOWLEDGEMENT/PERMISSION SHEET

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

We are not printing off copies of our Logan-Magnolia Handbooks or Internet forms. They need to be viewed on our website; [www.lomaschools.org](http://www.lomaschools.org)

We need your signature indicating that you have read the Kid-Care Handbook. **Your signature is also needed on the Internet permission section. Your child(ren) will not have internet access until this form is returned to Kid-Care.**

### HANDBOOKS

I have read and understand the content of the Logan-Magnolia Kid-Care Handbook. **(Grades - Preschool-6)**

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(Parent Signature)

(Date)

### INTERNET PERMISSION

I have read the Internet/Computer/iPad permission form. I **DO** want my child to have Internet privileges. **(Grades - Preschool-6)**

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(Parent Signature)

(Date)

I have read the Internet/Computer/iPad permission form. I **DO NOT** want my Child to have Internet privileges. **(Grades - Preschool-6)**

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(Parent Signature)

(Date)

## Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of Child) \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at:

(Child Care Business) \_\_\_\_\_

to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:  
\_\_\_\_\_  
\_\_\_\_\_
- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:  
\_\_\_\_\_  
\_\_\_\_\_
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:  
\_\_\_\_\_

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_