

**DISCOVERY KIDS
CHILD CARE ADMISSIONS**

Student Information:

Date of Birth: _____ Sex: _____

Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care:

Monday a.m. _____ p.m. _____

Tuesday a.m. _____ p.m. _____

Wednesday a.m. _____ p.m. _____

Thursday a.m. _____ p.m. _____

Friday a.m. _____ p.m. _____

My work schedule changes: Weekly Biweekly Monthly Never

Family Information:

Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____/Cell: _____

Work Phone: _____/Cell: _____

Billing Email: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list medicine/food allergies, special medical or dietary needs, or other areas of concern:

Alternative Contact/Pick up:

If you are not able to pick up your child, please list two alternative contacts that is able to pick up.

Name

Address

Work#

Home#

Name

Address

Work#

Home#

Emergency Contacts:

In an event of an emergency, please list two contacts, who we can contact, if we cannot get ahold of either of the parents.

_____	_____	_____	_____
Name	Address	Work#	Home#

_____	_____	_____	_____
Name	Address	Work#	Home#

Unauthorized Contacts:

The following are unauthorized and CANNOT pick up my child (documentation required).

_____	_____	_____	_____
Name	Address	Work#	Home#

_____	_____	_____	_____
Name	Address	Work#	Home#

Please initial each permission below to approve:

..... I give permission to Discovery Kids, to apply and give general items according to manufactures instructions or by a health professional to my child. These items are supplied by you.

Circle items below and apply any additional notes by item:

- | | | | |
|--------------|----------------------|-----------------|------------------|
| Diaper Wipes | Diaper/Rash Ointment | Pain Reliever * | Sunscreen |
| Diapers | Chapped Lip Remedies | Teething Gel * | Insect Repellant |

*Any pain reliever medication will need a Medicine form filled out before giving -*see handbook*

.....My child will attend during ANY LATE starts or EARLY release snow days from school.

*You will be required to notify us of any changes! *

..... It is okay for Discovery Kids to take pictures of my child during activities. Photos will be used for activities, projects, social media, and newspaper articles.

..... I have completed the Heath Care Summary by doctor and Immunization Forms.

..... Your child will be participating in Teaching Strategies GOLD.

..... I have been offered the program policies, a tour of facility, and read the parent handbook.

..... Discovery Kids staff has permission to take my child on walks and field trips. School bus transportation will be used for any field trips.

I am agreeing to the terms and conditions by signing below.

Signature.....

Date.....

About Your Child

Question 1, 2, 3, 4 and 5 are for infants only. Please continue to fill out rest of form for all ages on question 6.

1. How much formula does your child take at one time? What kind of formula do you use? _____

2. Does your child like their cereal thicker or thinner? _____

3. How much does your child take of cereal, fruit or veggie? _____

4. How often is you infant being feed? _____

5. How often/long does your infant nap? _____

6. What FOODS does your child especially like? _____

7. Especially DISLIKE? _____

8. Favorite toys, games, activities? _____

9. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____

10. How does your child express ANGER or frustration? _____

11. Does your child have any special FEARS? _____

Explain _____

12. When your child is upset, what helps to COMFORT him/her? _____

13. How do you DISCIPLINE your child? _____

14. Has your child been taking an afternoon NAP? _____ If so, how long? _____

15. Special toy or blanket for NAP? _____

16. Special FAMILY situations? (*such as custody specifications, problems arising from situations, etc.*)

15. Anticipated ADJUSTMENT problems? _____

16. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

17. Previous childcare child has attended: _____

18. Any problems at previous childcares? _____

19. EXPECTATIONS of Discovery Kids: _____

20. Are there any special family traditions/customs that you want incorporated here? _____

21. Other COMMENTS? _____

Health History

Child's name _____ Birth Date _____

Last Physical Examination _____

Illnesses: *(please circle)*

Any problems with any of these?

Has your child had any of these diseases?

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

Worms

Whooping Cough

Other ILLNESSES? *(besides above)* _____

Has your child been HOSPITALIZED? *(explain)* _____

Has your child had INJURIES with fractures or loss of consciousness? _____

Does your child have a developmental or physical disability? _____

*We will complete an individual childcare plan between parent and director.

Does your child have an IEP or special needs? _____

Does Discovery Kids have permission to speak to Benson Public Schools regarding IEP? _____

Any other helpful Information about your child:
