



Enrollment – Emergency Medical Information

Early Childhood Center

Child's Name _____ **Age** _____ **Birth date** _____

Mother/Guardian _____ **Employer** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____

E-mail address _____ **Cell Phone Carrier** _____

Father/Guardian _____ **Employer** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____

E-mail address _____ **Cell Phone Carrier** _____

****Please star which parent and which number to call first**

Church _____ **Affiliation** _____ **Baptism Date** _____

Please list name of people who are authorized to pick up your child from the Center. (Parents must notify the center before sending one of these people to pick up your child. An I.D. will be required.)

Name _____ **Relationship** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____

Name _____ **Relationship** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Address _____

Is there anyone who should NOT be allowed to pick up your child?

Name _____

Reason _____

With intent to be legally bound, I give permission to Our Savior Extended Care to photograph my child, use the photo for any purpose OSEC deems proper, and relinquish all rights, title & interest in the finished photos & negatives.

Parent/Guardian Signature _____ **Date** _____

Authorized /Alternate Person for Emergency Contact

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____
Address _____

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____
Address _____

Hospital of Choice _____ PHONE _____

Physician _____ PHONE _____

Address _____

Dentist _____ PHONE _____

Address _____

Insurance Policy Number _____

In the event my child soils themselves due to a lapse in toilet habits, I give permission for the staff to clean my child up with baby wipes. Parent Signature _____

Any know Allergies or Dietary Restrictions _____

Is the child on any long-term medications? _____

Other significant Medical information _____

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. I give permission to Our Savior Early Childhood Center take whatever emergency (E.G., first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the center. If local emergency resources feel it necessary, the child will be transported to an appropriate medical facility for treatment, at the expense of the parents. **Current photo needed.**

Parent/Guardian Signature _____ Date _____

Parent reviewed form and found no changes needed

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Early Childhood Center Office Use Only:

Preschool Room: Ducky Lamb Whale

Beginning Date _____ from _____ until _____ Days M T W T H F

Date Received _____ Date Accepted _____

Director's Signature _____ Date _____



Child's Personal Information

This form is to increase our understanding of your child's personality, likes and dislikes, and important people and situations in his/her life. If any questions do not apply, or you feel the information requested is not appropriate, feel free to leave it blank. If you have any additional information about your child that you feel would help us to better understand your child, please use the back of the page to express yourself.

Child's Name _____ Nick Name _____

Birth Date _____ Language (s) spoken in the child's home _____

Mother's Name _____ Father's Name _____

With whom does the child live? _____

Brothers _____ Sisters _____

Other people your child sees frequently _____

Hearing Impairments _____

Vision Impairments _____

Speech Problems _____

What does your child say when wishing to use the toilet? _____

Does your child need help with () dressing () undressing?

Does your child take a nap? () Yes () No

Please write on the back if you need more room or have additional comments

What types of activities does your child enjoy? _____

Does your child engage in active or quiet play? _____

How old was your child when you first left him/her with someone else? How did they react?

Are there any special ways you and your child say good-bye to each other? _____

How does your child react when he/she is angry or frustrated? _____

Afraid? _____ Sad? _____ Tired? _____

Does your child have any specific fears? (i.e. Thunderstorms, animals, the dark) _____

Does your child have a security item? _____

If our program could accomplish only one thing in regard to the development of your child, what would you like it to be? _____

What else would you like us to know about your child that would help us plan for the most comfortable entry into the program? _____