

1. Child's Name: _____ DOB ____/____/____ (Staff: Entry Code _____)

Primary Caregiver: _____ Relationship to child: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Hours: _____

Secondary Caregiver: _____ Relationship to Child: _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Hours: _____

2. Emergency Contact Information

Name of person to call if parents cannot be reached _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is this person authorized to take the child from See Um Smile Playhouse? Yes _____ No _____

3. List all other adults who are authorized to take the child from See Um Smile Playhouse:

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

4. Medical Information

Child's Physician or emergency treatment facility Phone Number

Address City, State, Zip

I, _____ mother / father / guardian (circle one) of

_____, do hereby give my consent to the Director of See Um Smile Playhouse, or her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

Signature of Parent/Guardian Date

Witness Date

5. I hereby give ___ / do not give ___ the Director of **See Um Smile Playhouse** or her appointed representative permission to give

_____ Acetaminophen. I understand I will be notified that the medication has been
(child's name) administered.

Signature: _____ Date: _____

I hereby give ___ / do not give ___ written permission for the use of suntan lotions/sunscreen for my child as needed to prevent overexposure to the sun. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 1100.

Signature: _____ Date: _____

6. Acknowledgements

This is a statement of verification that I have been informed that Child Care Licensing/Investigators/Law Enforcement may possibly interview my child. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 201.

Signature: _____ Date: _____

This is a statement of verification that I have been informed of the behavior guidance policy practiced at **See Um Smile Playhouse**.

Signature: _____ Date: _____

I give written permission for my child to be photographed or video recorded. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 400.

Signature: _____ Date: _____

I give written permission for photographs or video recordings of my child to be placed on social media or any other websites. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 400.

Signature: _____ Date: _____

7. Pertinent Medical and Developmental Information

Immunizations: I have provided a copy of my child's Immunization Record: Yes _____ No _____

Disease History: Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____

Please circle appropriate response below

Contracted Tuberculosis: Yes No Frequent Ear Infections: Yes No Seizures: Yes No Biting: Yes No

Defective Heart: Yes No Frequent Throat Infections: Yes No Diabetes: Yes No Sun Sensitivity: Yes No

Frequent Colds: Yes No Fainting Spells: Yes No Temper Tantrums: Yes No

Allergies: _____ Medications: _____

Physical or emotional concerns child might have _____ Other conditions or comments: _____

Special food needs: Formula _____ Diabetic diet: _____ Other: _____

Is Child toilet trained: Yes _____ No _____ Words used in toileting: _____

Siblings: Yes _____ No _____ Names of sibling(s): _____

8. As the parent/guardian of this child, I understand that I may ask for a conference with the caregiver(s) as needed.

Signature: _____ Date: _____

Child's Name: _____

Shaken Baby Syndrome Handout (For Infants)

This is to acknowledge that I have received information on the prevention of Shaken Baby Syndrome. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 400

Signature: _____

Date: _____

For Preschoolers (4-5 Years)

This is to acknowledge that I have received the Kindergarten Readiness Skills for my child. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section 201

Signature: _____

Date: _____