

Child Admission Record

(PLEASE PRINT ALL INFORMATION CLEARLY)

Date of Enrollment: _____

Child's Name (First & Last): _____

General Information:

Date of Birth: _____

Home Address: _____

Phone Number: _____

Father/Guardian Information:

Father or Guardian Name: _____

Father's Contact Phone Number: _____

Address (if different from child): _____

Employer Name: _____

Employer Address: _____

Employer Phone # (if applicable): _____

E-mail Address: _____

Mother/Guardian Information:

Mother or Guardian Name: _____

Mother's Contact Phone Number: _____

Address (if different from child): _____

Employer Name: _____

Employer Address: _____

Employer Phone # (if applicable): _____

E-mail Address: _____

Emergency/Medical Information:

If neither parent nor guardian can be reached in case of an emergency call:

_____ Relationship: _____

Child's Doctor (name, address and phone): _____

Child's Hospital of Choice: _____

Insurance Information: _____

Please list any known allergies your child has/may have:

What medication (s) does your child take on a regular basis?

What illnesses has your child had in the past month?

What treatment was given? _____
When was the last prescription medicine given to this child?

Family/Home Information:

Other children in family (list relation): _____

Child's Normal Schedule:

Feeding times (breakfast, lunch, and snack):

Foods these generally consist of: _____

Nap times (morning & afternoon)? _____

Routine for putting the child to sleep: _____

Generally, how long is child's naptime? _____

Sleeps on stomach, back or side: _____

Does the child have a comfort item for resting? If so, what is it?

Does child require pacifier? _____ If so, when? _____

Is your child toilet trained? _____ Do they require assistance? _____

If not, are they trying to use the toilet? _____

What words does he/she use for the bathroom? _____

Information About Child:

Please give information concerning your child, which will be helpful to the
childcare provider.

Fears: _____

How is child comforted? _____

How does child express frustration? _____

Favorite toys/games: _____

The child's temperament is usually _____

Does your child have any special needs or behaviors I need to be aware of?

Any food allergies? _____

Any anticipated adjustment concerns: _____

Any other information about your family or child that you wish us to know?

Photo Permission:

I/We give permission for Living Word Church to use our child's photograph on the website, fliers, brochures, or any other publication relative to Living Word Church/Parent's Day Out. We realize that our child's first or last name will not be used in such publications.

If you do NOT want your child's picture displayed on the website, fliers, etc., please initial here: _____

Child Release Information:

No child may be released from the provider to any person other than his/her parents or other person currently designated in writing by such parent to receive the child. Those people authorized to pick-up the child (including parents) need to present photo identification each day until recognized by the provider. In the event that your child has not been picked up by 2:00pm and you cannot be reached, we will attempt to contact authorized people listed below.

The following persons have my permission to pick up my 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: _____

I/We certify that all of the information on this form is correct and accurate to our best knowledge. I/We promise that I/We will notify the provider, if any or all of the information changes.

Parent/Guardian's Signature

Date