

Child's Name	
Child's Nickname	Date Entered Care
Birth Date	Age at Entry to Care
<b>Allergy Alert: Does child have allergies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list all allergies on back side of form	

### Parent or Guardian Contact Information

Name		Relationship
Address		
Home Phone	Cell Phone	Work Phone
Employer		Work Hours

Name		Relationship
Address		
Home Phone	Cell Phone	Work Phone
Employer		Work Hours

### Required Emergency Contact Information (person other than parent or guardian that is authorized to pick up child)

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

### Medical and Dental Contact Information

Insurance Provider and Policy Information	
Primary Physician Name	Phone
Dental Provider	Phone

### Parent or Guardian Authorization

My child may be taken on field trips by bus or private motor vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child may be taken on field trips by foot (to neighborhood park / trail)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child may participate in swimming or other water activities under required supervision (Child Care Division requires approved lifeguard for swimming activities)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child may be photographed for:		
publicity or news purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toddles Preschool website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toddles Preschool on-site displays/collages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toddles Preschool brochure/ other advertising materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**My child may be given non-prescribed medication** as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.       Yes       No

**In an emergency**, Toddles Preschool, LLC has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.       Yes       No

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Print Name** \_\_\_\_\_

**Child General Information** (please include all information that will assist us in providing quality care for your child)

Have your child previously been in preschool/child care?  Yes  No

If yes, what type of care and for how long?

Reason for requesting care

What are your child's interests, likes and dislikes, gifts, characteristics? Which qualities would you like to see enhanced?

What are your child's favorite activities?

Eating and sleeping habits

Special comments

What aspects of a preschool program are most important to you?

**Child Medical information**

List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict child's activities?

**Other Children in Home**

Name	Age	Name	Age
Name	Age	Name	Age

**Special Transportation Arrangements** (Check here if not applicable:  N/A)

Child Care Division requires a written plan of transportation arrangements between child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan:  
\_\_\_\_\_ (child) attends \_\_\_\_\_ (school). He/she will be transported/escorted between the child care facility and the school by (check applicable type):  school bus,  escorted by Toddles staff,  escorted by \_\_\_\_\_,  will arrive/depart unescorted with my permission.

If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type):  parent or guardian,  the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child.

My child also has permission to (specify, i.e.: work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time, etc): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_