



**Child's Emergency Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**(Call First)** Name of Parent/Guardian: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**(Call Second)** Name of Parent/Guardian: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact (In case the above Parent(s)/Guardian(s) cannot be reached)

1. Name: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Persons (Other than listed above) authorized to pick up your child:**

1. Name: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I give my permission for \_\_\_\_\_ to be released to the above contacts.

*(Your child's name)*

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**Child's Health Information:**

Allergies & Health

Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- If so, an individual Health Plan and other documentation may be needed.

**Permission For Medical Treatment:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified staff member at SWEL. I also give permission for my child to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent to such treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## SWEL Consent and Permission Form

**Please place initial at the line if you agree.**

**Neighborhood Walks & Field Trips:**

- I do hereby give permission that my child, \_\_\_\_\_, can participate in scheduled field trips planned and supervised by SWEL staff and volunteers. My permission includes the transportation of my child by Metro Transit while under the supervision of SWEL staff and volunteers to and from scheduled field trips.
  
- I further authorize that my child can participate in the walking field trips scheduled by SWEL. The walking field trip destinations include: SP Library, Youngstown Cultural Center, SW Community Center and neighboring parks.

**Roster:**

- I do hereby give permission that my child, \_\_\_\_\_, can be included on a roster to be distributed to families associated with SWEL. This roster may include my child's name, address, phone number, email address and names of family members.

**Photography/Videotape/Audio Recording:**

- I hereby authorize Sound Child Care Solutions and their early childhood programs to include my child's name: \_\_\_\_\_, likeness, voice, and activities while at SWEL in the production of documentation displays and videotapes for early childhood educators and parents. I understand that photographs of my child may be used to accompany written training materials or promotion of early childhood teacher training materials.
  
- I agree that I am to receive no compensation for my child's appearance or participation in this teacher training material, and that this appearance or participation confers on me no ownership rights whatsoever.

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

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SouthWest Early Learning Bilingual Preschool



**Anecdotal Information:**

What are your child's favorite activities, games or hobbies? \_\_\_\_\_

\_\_\_\_\_

What activities would you like to see included in the program? \_\_\_\_\_

\_\_\_\_\_

Is there another language, apart from English, spoken in your home? If yes, what language? \_\_\_\_\_

Is this your child's first child care experience? If no, please explain previous child care experiences. \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained? If no, please explain your child's toileting routine and any issues he/she may have.

\_\_\_\_\_

Does your child take naps? If yes, please explain frequency and length of naps. \_\_\_\_\_

\_\_\_\_\_

Does your child have any special fears? Please explain: \_\_\_\_\_

\_\_\_\_\_

When your child is upset, what works to comfort him/her? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

\_\_\_\_\_

How does your child express anger or frustration?

\_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

Is there any additional information which would help us to better know your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_