

PRIMETIME CHILD AND FAMILY EDUCATION CENTER CHILD INFORMATION RECORD

CHILD:

Firstname:	M:	Lastname:	Unique 5 digit clock-in code ____ _
Sex M / F			
Nickname:			
Birthdate			
Primary Address			
Street Address:		Hair Color:	
City:	State:	Zip: -	Eye Color:
Home Phone: () -		Distinctive Marks:	

PARENTS/GUARDIANS: () Married () Divorced () Separated () Widowed () Single

	Father () Legal Guardian ()	Mother () Legal Guardian ()																																				
Name:																																						
Home Phone:	() -	() -																																				
Work Phone:	() -	() -																																				
Cell Phone:	() -	() -																																				
Fax Phone:	() -	() -																																				
Email:																																						
Home Address:	Street: City: State: Zip: -	Street: City: State: Zip: -																																				
Employer:																																						
Work Address:	Street: City: State: Zip: -	Street: City: State: Zip: -																																				
Work Hours:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">From</th> <th style="width: 15%;">To</th> </tr> </thead> <tbody> <tr><td>Monday</td><td></td><td></td></tr> <tr><td>Tuesday</td><td></td><td></td></tr> <tr><td>Wednesday</td><td></td><td></td></tr> <tr><td>Thursday</td><td></td><td></td></tr> <tr><td>Friday</td><td></td><td></td></tr> </tbody> </table>		From	To	Monday			Tuesday			Wednesday			Thursday			Friday			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">From</th> <th style="width: 15%;">To</th> </tr> </thead> <tbody> <tr><td>Monday</td><td></td><td></td></tr> <tr><td>Tuesday</td><td></td><td></td></tr> <tr><td>Wednesday</td><td></td><td></td></tr> <tr><td>Thursday</td><td></td><td></td></tr> <tr><td>Friday</td><td></td><td></td></tr> </tbody> </table>		From	To	Monday			Tuesday			Wednesday			Thursday			Friday		
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If parents are divorced, the child lives with: Both parents, Mother, Father, Legal Parent/Guardian

Is divorce or legal guardian paperwork Decree on file? Yes, No

If parents are divorced, legal guardian is: Mother, Father, Legal Guardian

List the name and birthdates of all children living in your home:

Name	DOB	Are they currently in child care?

Other persons living with the child and their relationship (if any) to child

Name	Relationship to child (if any)

CHILD MEDICAL HISTORY:

DOCTOR: (or clinic):	Doctor	DENTIST:
Doctor or Clinic		
Preferred Practitioner:		
Address:	Street: City: State: Zip: -	Street: City: State: Zip: -
Telephone Number:	() -	() -

Immunization History:

PLEASE PRESENT ORIGINAL SHOT RECORD UPON ENROLLMENT AND FOLLOWING EACH ADDITIONAL IMMUNIZATION

Allergies:		Current health problems:	
Speech, Hearing, Vision Problems:		Any special medications and/or restrictions:	
Surgical History			

Has your child had any of the following illnesses?		Is your child prone to?	
Chicken pox	Y / N	Ear infections	Y / N
German Measles	Y / N	Stomach upsets	Y / N
Scarlet Fever	Y / N	Diabetes	Y / N
Measles	Y / N	Headaches	Y / N
Mumps	Y / N	Colds	Y / N
German Measles	Y / N	URI	Y / N
Whooping Cough	Y / N	Sore throats	Y / N
Rubella	Y / N	Heart disease	Y / N
Rheumatic Fever	Y / N	Other:	Y / N

EMERGENCY CONTACT INFORMATION:

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Home Phone	() -	() -
Is this person authorized to make medical decisions for your child if you cannot be reached?		

Parent/Legal Guardian Consent and Agreement for Emergencies

I give permission to Primetime Child and Family Education Center Inc to make any appropriate decisions regarding medical emergencies, evacuations, first aid, etc. for the safety and well being of my child while in their care. I understand that in an emergency, my child may be transported to a local emergency unit if the medical emergency responders deem this necessary. It is understood that, in some medical situations, it may be necessary to contact the local emergency responders before the parent, child's physician, and/or other adults acting on the parent's behalf. I understand that I will be responsible for all charges not covered by my own personal insurance carrier. I give consent for the emergency contact persons listed above to act on my behalf until I am available.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PICK-UP INFORMATION:

The following people HAVE permission to pick-up the child/children named below from Primetime Child and Family Education Center. It is the parent's responsibility to notify Primetime Child and Family Education Center in writing of any changes.

	Person 1:	Person 2:
Name		
Relation		
Home	() -	() -
Work	() -	() -
Cell	() -	() -
	Person 3:	Person 4:
Name		
Relation		
Home	() -	() -
Work	() -	() -
Cell	() -	() -

The following people MAY NOT pick-up my child(ren) from Primetime Child and Family Education Center.

	Person 1	Person 2
Name		
Relation		
Phone	() -	() -

AGREEMENT CONDITIONS:

Any person who is unfamiliar to the staff at Primetime Child and Family Education Center will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed in the parent and pickup person sections above without WRITTEN permission from the parent.

GENERAL PERMISSION AUTHORIZATION

- 1) I agree that my child may use all the play equipment and participate in all the activities at Primetime Child and Family Education Center.
- 2) I agree that my child may leave Primetime Child and Family Education Center with staff members for neighborhood walks.
- 3) I agree that any pictures of my child may be used in newspapers, displays, bulletin boards, or other types of educational publications.
- 4) I agree to allow my child to use the Primetime Child and Family Education Center van as transportation to and from school. I also agree that my child's negative behavior on the Primetime Child and Family Education Center van may suspend him/her temporarily or permanently. I agree that I would then be responsible for my child's transportation to and from school.
- 5) I agree to allow my child to attend Primetime Child and Family Education Center field trips in the event I have not signed the fieldtrip permission slip. Every attempt will be made prior to field trip departure for verbal permission to attend the field trip.
- 6) I agree to allow my child to use the Primetime Child and Family Education Center van as transportation to and from Primetime Child and Family Education Center field trips.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____