

**LITTLE FRIENDS LEARNING CENTER
CHILD'S INFORMATION FORM**

Start Date _____

Child's Name _____ Birth Date _____

Address _____ Home Phone _____

Number and street city zip

Parent/Guardian Name _____ Business Phone _____ Cell _____

Employment _____ Business Address _____

Email Address _____

How best to reached _____

Parent/Guardian Name _____ Business Phone _____ Cell _____

Employment _____ Business Address _____

Email Address _____

How best to reached _____

Marital Status of Parents _____ SS Numbers _____, _____

Other children in family (names, ages, sex) _____

Other adults in family and relationship to child _____

If neither parent can be reached in case of emergency, call:

1st _____ Relationship _____ Phone _____

Address _____

2nd _____ Relationship _____ Phone _____

Address _____

Persons **NOT** authorized to pick up this child _____

Other persons not listed that can pick up this child _____

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

Emergencies - I hereby give my permission to Little Friends Learning Center staff to call my child's doctor or clinic for medical or surgical care for my child should an emergency arise. I also give permission to Little Friends personnel to secure emergency medical and/or surgical treatment for the above named minor child while in the care at Little Friends Learning Center. I understand that efforts will be made to locate me and my spouse before any action is taken. In case of serious illness or injury when neither parent can be reached, I will allow my child to be transported to the doctor or hospital by a paramedic or ambulance, accompanied by a Little Friends's employee. All expenses related to emergency treatment will be accepted by the parents.

Health Insurance Company _____ Policy No. _____

Name of child's physician, address and phone number

Preferred hospital or medical center

Hospital or medical center address and phone number

Name, address, phone # of dentist

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

LITTLE FRIENDS LEARNING CENTER PERMISSION FORM

Neighborhood walks - I give permission for my child, _____, to walk to Rocky Mountain Lake Park or around the immediate neighborhood with his/her class under the direct supervision of the class teacher. I understand that if my child is scheduled to be taken from the school premises for any other reason by his/her teacher, I will be notified of that field trip.

_____ I give permission for my child to take neighborhood walks (respond yes or no)

Photo/Video Use – Photos/videos taken may be used for staff training and school related uses. In addition the media may occasionally tape or photograph events in our program.

_____ I give permission for my child’s picture to be used for the above purposes (respond yes or no)

Developmental Screening -

_____ I give permission for my child to participate in a developmental screening performed by a trained RCC staff person (respond yes or no)

Sleeping Regulations Permission – The children in our care will nap on a foam mat on the floor in all classrooms for children ages one year through preschool.

_____ I give permission for my child to sleep on a foam mat on the floor in his/her classroom (respond yes or no)

Sun Protection - Little Friends will be applying sunscreen to each child prior to outside play. We will apply the sunscreen to all exposed skin areas. We will be using “Rocky Mountain Sunscreen” SPF 30 sunscreen. It is waterproof and PABA free. It contains aloe, cocoa butter and Vitamin E and provides UVA and UVB protection.

If you choose not to use our sunscreen, you will be required to provide sunscreen for your child. You must label the sunscreen with the child’s first and last name.

Children over 4 may be allowed to apply sunscreen to themselves under direct supervision of a staff member.

Little Friends has permission to apply sunscreen to my child _____

Any additional instructions

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

**Little Friends Learning Center
Medical Information**

Child's Name _____ Gender ____ Date of Birth _____

Address _____

Past Illnesses – check those the child has had and give approximate dates:

| | | |
|-----------------------|---------------|-----------------------|
| Chicken pox _____ | Rubeola _____ | Rubella _____ |
| Rheumatic Fever _____ | Asthma _____ | Hay Fever _____ |
| Diabetes _____ | Mumps _____ | Other (specify) _____ |

Has your child experienced any serious accidents? _____ If so, please describe _____

Has your child ever been hospitalized? _____ If so, please describe _____

Describe any physical condition requiring the facility's special attention. _____

Medications taken on a regular basis _____

Vision _____? Hearing _____?

Allergies: Does your child have any . . .

| Food Allergies | Reaction | Actions to Take |
|----------------|----------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If my child has food allergies, I give permission for such allergies to be posted in the food preparation area and in the child's classroom as a visual reminder.

| | |
|------------------|-------|
| _____ | _____ |
| Parent Signature | Date |

Other Allergies _____

Is your child allergic to bee stings? ____ yes ____ no
Reaction _____ Actions to Take _____

Immunizations: Please record immunizations and dates administered on the Colorado Department of Health Certificate of immunization and attach to this form.

THIS PORTION MUST BE SIGNED BY A PHYSICIAN

Physical Examination: Date of the most recent physical examination of the child _____

| | |
|--|-------|
| _____ | _____ |
| Signature of licensed physician or other health professional | Date |

Please print:

| | | | |
|-------|--|-------|-------|
| _____ | Name of Physician/Health Care professional | | |
| _____ | Address | City | State |
| _____ | Zip | Phone | |

**LITTLE FRIENDS LEARNING CENTER
FAMILY CULTURAL AND ETHNIC INFORMATION**

Name _____

In order to better serve our diverse population, we would appreciate you taking a few minutes and filling out the following information.

Child is _____ Alaskan Native/American Indian _____ Asian/Pacific Islander
_____ Black, not Hispanic _____ Hispanic _____ White _____ Multi-racial

What language is spoken most often in your home?

What holidays and celebrations are important to your family?

Are there any special traditions observed in your home? If so, how would you feel about sharing them with your child's classroom or other families in our Little Friends Learning Center community?

How do you feel about your child learning about or participating in holiday activities that are not part of your family's tradition? Are there any holidays you would object to?

What would you like your child to gain from celebrating holidays and other events while in our program?

How would you like to participate in celebrations in our classroom?

9/01/2011

Little Friends Learning Center
4595 Eliot St
Denver, Colorado 80211