

Child Record

Child's Name: _____ Date: _____

Nickname: _____ Sex: M F DOB: _____

Title XIX/Equality/Kid Care #: _____ Social Security #: _____

Location of immunizations: _____ Address: _____

Mother's Name: _____

Home address: _____ phone: _____

Mailing address: _____ cell: _____

e-mail address: _____ Work: _____

Father's Name: _____

Home address: _____ phone: _____

Mailing address: _____ cell: _____

e-mail address: _____ Work: _____

Preferred form of Communication: (mark all that apply)

Mother: Call home Call cell e-mail Text cell Can we call your work? Yes No

Father: Call home Call cell e-mail Text cell Can we call your work? Yes No

In case of an emergency contact: Mother Father Either

Other: _____

Name address phone

Daycare attends: _____ contact person: _____

Address: _____ phone: _____

The following person(s) may remove my child from care without previous notice:

Name address phone

Name address phone

Any illness, allergy (medical release is required) or unusual condition: yes no

If yes, explain and describe special care required: _____

Any other information we may need to know: _____

Doctor's Name: _____ phone: _____

Dentist's Name: _____ phone: _____

**** According to DFS all blanks must be filled, if it does not apply please mark with N/A. OVER →**

Parent's authorization in case of emergency:

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize Child Development Services staff to call my physician or to take my child to the nearest emergency room.

Parent's signature

date

I hereby authorize Child Development Services of Fremont County to transport my child to and from school as allowable per CDS policy and for field trips.

Parent's signature

date

I hereby give permission for Child Development Services to take my child on field trips while he or she is at the center, such as to public parks or playgrounds within city limits. If trips are planned to such places as irrigation works, reservoirs, rivers, canyons, or other such areas, special permission shall be obtained.

Parent's signature

date

I hereby give permission to have my child's picture taken for center/classroom activities and/or publicity purposes which may include Facebook and local newspapers.

Parent's signature

date

I hereby give permission to allow my child to use the mini trampoline or bouncy house, with the direct supervision of a PT, PTA, teacher or educational assistant.

Parent's signature

date

I also authorize the release of any medical information necessary to process Insurance/Medicaid claims. I authorize payment of benefits to Child Development Services (only if applicable).

Parent's signature

date

I hereby give permission for my child to take part in an annual hearing and vision screenings and to enter those results into the Wyoming database system along with any rescreen results.

Parent's signature

date