

FAMILY and SOCIAL HISTORY

Child's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____

Mother: _____ Age: _____

Father: _____ Age: _____

Stepparent: _____ Age: _____

Guardian: _____ Age: _____

Marital Status: Single
 Married
 Divorced
 Widowed

Parents' Employment: (Please include the telephone number)

Mother: _____

Father: _____

Custody/Visiting Arrangements: _____

Siblings:	Name _____	Age _____	Grade in School _____
	Name _____	Age _____	Grade in School _____
	Name _____	Age _____	Grade in School _____
	Name _____	Age _____	Grade in School _____

Other members of the household (include relationship and age): _____

If both parents are away from home during the morning, please state arrangements for childcare when school is out: _____

Does child have his/her own room? _____ If not, with whom? _____

Does the child have any playgroup experience? _____ Where? _____

What method(s) of discipline is used in your home? _____

How would you describe your child's personality? _____

DEVELOPMENTAL HISTORY

Age at which child: Began to crawl _____ Sat alone _____ Walked _____
Named simple objects _____ Repeated short sentences _____
Slept through the night _____ Began toilet training _____

Word child uses for urination: _____ Bowel Movements _____

Usual time for B.M. _____ Does child undress his/herself? _____

Are there any eating problems? _____ If so, please describe: _____

Are there any dietary restrictions? _____
(Use additional sheets as needed)

What time does the child go to bed? _____ Awaken? _____

Does the child sleep well? _____

Does the child have any speech, hearing, behavior or other serious problems? _____

If so, please specify: _____

HEALTH HISTORY

What illnesses has the child had and at what age?

Chicken Pox _____

Scarlet Fever _____

Mumps _____

Measles _____

Hepatitis _____

Bronchitis _____

Pneumonia _____

Other _____

Does the child have frequent colds? _____ Earaches _____ Stomachaches _____

Has the child ever been hospitalized? Explain. _____

Has the child had any serious accidents? Explain. _____

Does the child have any allergies? Please list. _____

Has your child ever been seen by a dentist? _____

Has your child ever had his/her hearing tested? _____

Has your child ever had his/her vision tested? _____

Does your child have a speech problem? _____ Would you like a referral/info? _____

Does Your Child have any Special needs? _____

EMERGENCY CONTACT SHEET

The persons listed below will be contacted in the event of an emergency, when you cannot be reached. At least one of these people must live on Staten Island.

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP _____

****Please note that these persons will only be contacted in the event that you cannot be reached.**

ALTERNATE PICK-UP PERSONS

Listed below are persons authorized to pick-up my child(ren). I understand that I must notify the staff in advance when any of these people will be picking up or dropping off my child(ren).

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)

**** Please note that the people listed above will have to provide photo identification before your child will be released into their custody.**

WALKING FIELD TRIP PERMISSION SLIP

I give my permission for my child _____ to participate in walking trips throughout the school year (summer included) when planned by the staff as a regular part of the children's curriculum.

I understand that no such trip will be taken unless there is a safe ratio of adults to children and that no trip shall exceed one-half mile to destination and return to the center.

Parent Signature

Date

PHOTO RELEASE FORM

I give my permission for my child to be photographed and videotaped during activities and events with Always123 Early Learning Center . I also authorize the release of his/her photo or likeness during such times. Always123 Early Learning Center may use these photos for advertising purposes.

Parent Signature

Date

Topical Ointment Authorization

I give my permission for the staff at Always123 Early Learning Center. to apply topical ointment on my child _____. These types of ointments includes the following:
Sunscreen, Diaper crème, Neosporin,

Parent Signature

Date

Parent Signature

Date