

3. Arkansas Department of Human Services  
Division of Children and Family Services  
Child's Personal Data Sheet 2018-2019

1. Personal Data Information

Child \_\_\_\_\_ Male/Female \_\_\_\_\_ DOB \_\_\_\_\_  
Parents Names \_\_\_\_\_ Married/Not Married \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phones \_\_\_\_\_  
Email address \_\_\_\_\_  
Parent 1 Employer \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_  
Parent 2 Employer \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_  
Date Accepted to Center \_\_\_\_\_ Date Withdrawn from Center \_\_\_\_\_  
Name of Center St.James UMC Kids LIFE  
321 Pleasant Valley Drive, Little Rock, AR 72212 Hours in Care \_\_\_\_\_

2. Emergency Contact Information

Name of Person to call if parents cannot be reached \_\_\_\_\_  
Two Phone Numbers \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Is this person authorized to take child from center? \_\_\_\_\_  
List all other adults authorized to take child from center:

1. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Medical Information

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Emergency Room \_\_\_\_\_

Consent for emergency medical care  
I, \_\_\_\_\_, mother, father, or guardian of \_\_\_\_\_ do hereby request and give consent to the Director of the Day Care Facility, or his duly appointed representative for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

\_\_\_\_\_  
Witness \_\_\_\_\_ Parent \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

(circle one)  
I hereby GIVE DO NOT GIVE the Director of the Day Care facility or his appointed representative permission to give **Children's Tylenol** to

(child's name) \_\_\_\_\_

I understand I will be notified that Tylenol has been administered.

(Parent signature) \_\_\_\_\_

TURN OVER

## Disease History

Measles  German Measles  Whooping Cough

Mumps  Chickenpox

Contracted Tuberculosis \_\_\_\_\_ Frequent Ear Infection \_\_\_\_\_

Frequent Throat Infection \_\_\_\_\_ Defective Heart \_\_\_\_\_

Other Conditions or Comments \_\_\_\_\_

Medications (please list) \_\_\_\_\_

## Child's Abilities

Child's special abilities \_\_\_\_\_

Physical or emotional problems the child might have \_\_\_\_\_

Child's special food needs \_\_\_\_\_

Diabetic Diet \_\_\_\_\_ Food Allergies \_\_\_\_\_

**Special Problems:**  Sunburn sensitivity  Frequent Colds

Allergies  Temper Tantrums  Diabetes  Biting

Seizures  Fainting Spells  Bed Wetting

Other \_\_\_\_\_

**Does child need help in:**  Dressing  Undressing  Toileting

Eating  Washing Hands

Favorite Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_

Brothers? \_\_\_\_\_ Sisters? \_\_\_\_\_

Type of child care before? \_\_\_\_\_

Other Information or Comments \_\_\_\_\_

Are the parents/legal guardians of the child or anyone who may have responsibility for coming to the school to pick up the child or participate in school activities (e.g., holiday celebrations, school performances, or other special events) either (a) a registered sex offender or (b) someone previously charged with child abuse, neglect, sexual molestation, or any crime of a sexual nature?

[Circle YES or NO ]

If yes, please explain: \_\_\_\_\_

[St. James United Methodist Church has a Safe Sanctuary Policy which seeks to provide a safe sanctuary for children. A copy of this policy is available upon request.]

With this signature, I acknowledge that all the provided information is correct to my knowledge, and that I, parent/ guardian of this child, understand I may ask for a conference with caregiver(s) as needed.

\_\_\_\_\_ (parent signature) \_\_\_\_\_ (date)