

Child's Personal Data

1. Name _____ DOB _____

Parent#1 name _____ Parent#2 name _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Parent #1 Employer _____ Work phone _____ Mobile Phone _____

Parent#2 Employer _____ Work phone _____ Mobile Phone _____

Parent#1 email address _____

Parent#2 email address _____

2. *Emergency Contact Information*

Name of person to call if parents cannot be reached _____

Relationship _____ Phone _____

Is this person authorized to take the child from the center? _____

List all other persons authorized to take the child from the center:

Name	Relationship	Name	Relationship	Name	Relationship
Address		Address		Address	
City	State	Zip	City	State	Zip
City	State	Zip	City	State	Zip
Telephone		Telephone		Telephone	

3. Medical Information

Child's Physician or emergency treatment facility _____

Address _____ City _____ State _____ Zip _____ Phone _____

Father

I, _____ Mother (CROSS OUT WORDS THAT DO NOT APPLY) of
Guardian

do hereby give my consent to the Director of St. James Learning Center, or her duly

(Child's Name)

Representative, for said child to receive 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 her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signed _____ Date _____ Witness _____ Date _____

4. **Immunizations:** Please provide a copy of your child's Immunization Record and Immunization Authorization Form.

Verified by Health Department Record _____ Physician's Record _____ Other _____

5. **Disease History:** List dates of each:

Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____

Contracted Tuberculosis: Yes _____ /No _____ Frequent Ear Infections: Yes _____ /No _____

Frequent Throat Infection: Yes _____ /No _____ Defective Heart: Yes _____ /No _____

Other Conditions or Comments _____

6. **Child's Developmental Needs:**

Physical or emotional problems the child might have: _____

Child's special food needs: Formula _____ Diabetic Diet _____ Allergies _____

Special problems: Medications _____

Allergies _____ Temper Tantrums _____ Diabetes _____ Frequent Colds _____ Biting _____

Sun Sensitivity _____ Seizures _____ Fainting Spells _____ Bed wetting _____ Other _____

Requires help in: Dressing _____ Undressing _____ Toileting _____ Eating _____ Washing hands _____

Is Child Toilet trained? Yes _____ /No _____ Words used in toileting _____

Favorite: Games _____ Toys _____ Foods _____

Siblings? Yes ___/No ___ Names of siblings _____

Type of childcare used before _____

Are you members of St James UMC? _____

Other useful information _____

7. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature

Date

Additional Comments _____