

**\*OFFICE USE ONLY\***

Date of Admission \_\_\_\_\_

Age at Admission \_\_\_\_\_

# L.E.A.P. Childcare

## Child's Information Form

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be submitted on or before the first day your child begins care. Please notify us if any of the information changes.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Language of Child \_\_\_\_\_ Primary Language of Parents \_\_\_\_\_

**\*\*Please include documentation of a physical exam, immunization record and lead screening attached to this information packet\*\***

Child's Identifying Information *(Please, attach a current photo of this child to this document).*

Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Weight \_\_\_\_\_ Identifying Marks (birthmarks, scars, etc.) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home and possible side effects:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature**

**Date**

\_\_\_\_\_

## Transportation/Emergency Contact/Authorized Pick-Up Person(s)

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### EMERGENCY CONTACT PERSON(S)

In the event of an emergency when I may not be reached, L.E.A.P. Childcare may contact the following individuals (in the order given) whom I authorize to take my child from the premises.

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

### AUTHORIZED PICK-UP PERSON(S)

I additionally authorize the following individual to take my child from L.E.A.P. Childcare. (Please let the Childcare Director know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Copies of any custody agreements, court orders, restraining orders (if applicable please attach).

### TRANSPORTATION PLAN

#### My child will arrive at the Program by:

\_\_\_\_\_ Supervised Walk

\_\_\_\_\_ Parent/Guardian Drop Off

\_\_\_\_\_ Other (Please Specify)

#### My child will depart from the Program by:

\_\_\_\_\_ Supervised Walk

\_\_\_\_\_ Parent/Guardian Pick Up

\_\_\_\_\_ Other (Please Specify)

Any other transportation requests must be stated in writing and maintained in the child's file. This permission is valid for one program year from the date of signature.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Emergency Medical Information Card**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Home Address \_\_\_\_\_

**INSTRUCTIONS TO REACH PARENT/GUARDIAN:**

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Business Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Business Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL EMERGENCY TREATMENT:**

I hereby give L.E.A.P. Childcare permission to administer basic first aid and/or CPR to my child, \_\_\_\_\_ and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

I understand that I will assume full responsibility for any accidents incurred thereby releasing the James L. McKeown Boys & Girls Club of Woburn/ L.E.A.P. Childcare, its' staff and its' directors of all liability.

**Child's Physician or Health Care Professional**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Information (OPTIONAL)**

Subscriber's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Permissions

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Child's Name \_\_\_\_\_

### Walking Field Trips

On occasion, we may take short walks in the neighborhood to explore. Your signature is required for your child to participate in these walks.

Please ✓ an option below:

\_\_\_\_ Yes, my child has my permission to go on walking field trips with L.E.A.P. Childcare teachers.

\_\_\_\_ No, my child cannot participate in walking field trips.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Sunscreen

During the warmer months, L.E.A.P. Childcare will apply sunscreen to all children in the afternoon before going outside. **\*Please apply at home before dropping your child off for our morning outside time.**

Please ✓ an option below:

\_\_\_\_ Yes, I authorize L.E.A.P. Childcare to apply sunscreen to my child.

\_\_\_\_ Yes, I authorize L.E.A.P. Childcare to apply sunscreen that I have sent in from home to my child.

\_\_\_\_ No, I do not want L.E.A.P. Childcare to apply sunscreen to my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Toothbrushing

As required by EEC, we are required to offer toothbrushing assistance as a part of our daily routine. This will take place after we have lunch. Please ✓ an option below:

\_\_\_\_ Yes , I would like my child to participate in toothbrushing.

\_\_\_\_ No, I do not want my child to participate in toothbrushing.

\*If you selected yes, please bring a toothbrush along with a case to hold it in. Both items should be clearly marked with your child's name.\*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Picture Release Form**

Dear Parents/Guardians:

From time to time we take photographs and videos of the children in the program for our own newsletters or marketing material and for the local media. We also use these pictures for our monthly parent newsletters. What we would appreciate is if you would sign a picture release form. If you would like a copy of the photo, please just let us know.

I DO / I DO NOT (circle one) give permission to have my child, \_\_\_\_\_ to appear in any photographs, videos, print media coverage, social media coverage, or promotional materials for the James L. McKeown Boys & Girls Club of Woburn/L.E.A.P Childcare.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Swim Release-Pre-K Families Only**

I give L.E.A.P. Childcare permission to allow my child \_\_\_\_\_ to use the on-site swimming pool at the program.

I understand that my child must be directly supervised at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Written Acknowledgement of Receipt of Parent Handbook**

I acknowledge that I have received a copy of the L.E.A.P. Childcare parent handbook & health care policies.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_