

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)

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:

____ Parent/Guardian Drop Off

____ Other (Please Specify)

My child will depart from the Program by:

____ 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** _____

Permissions

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** _____

Hand Sanitizer

In an effort to prevent the spread of germs, L.E.A.P. Childcare will apply hand sanitizer throughout the day as needed. We will monitor the safe application at all times.

Please ✓ an option below:

____ Yes, I authorize L.E.A.P. Childcare to give hand sanitizer to my child.

____ Yes, I authorize L.E.A.P. Childcare to give hand sanitizer that I have sent in from home to my child.

____ No, I do not want L.E.A.P. Childcare to give hand sanitizer 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** _____

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** _____