

# CHILD INFORMATION RECORD FORM

**Child's legal name:** \_\_\_\_\_  
Name commonly known as: \_\_\_\_\_  
 Male  Female Date of birth: \_\_\_\_\_  
Languages known/spoken: \_\_\_\_\_

Family health number: \_\_\_\_\_  
Personal health number: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_  
Doctor's phone number: \_\_\_\_\_

## Mother/Guardian

## Father/Guardian

Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  Text?  
Home e-mail: \_\_\_\_\_  
Work/school name: \_\_\_\_\_  
Work/school address: \_\_\_\_\_  
Work/school phone: \_\_\_\_\_  
Work/school e-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  Text?  
Home e-mail: \_\_\_\_\_  
Work/ school name: \_\_\_\_\_  
Work/school address: \_\_\_\_\_  
Work/school phone: \_\_\_\_\_  
Work/school e-mail: \_\_\_\_\_

## Designated Emergency Contacts

Designate 2 people I can contact and release your child to in case of illness or an emergency if you are not available

Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  Text?  
Home e-mail: \_\_\_\_\_  
Work/school e-mail: \_\_\_\_\_  
Work/school name: \_\_\_\_\_  
Work/school address: \_\_\_\_\_  
Work/school phone number: \_\_\_\_\_

Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  Text?  
Home e-mail: \_\_\_\_\_  
Work/school e-mail: \_\_\_\_\_  
Work/school name: \_\_\_\_\_  
Work/school address: \_\_\_\_\_  
Work/school phone number: \_\_\_\_\_

## List other people who have permission to pick up your child from the child care facility

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

## LIVING AND CUSTODY ARRANGEMENTS

Child lives with:  Mother  Father  Both  Other (describe: \_\_\_\_\_)  
If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child?  Yes  No  
Have copies been provided to the child care facility?  Yes  No  Will be provided  Will not be provided  
Are you aware that the child care facility cannot ask the police to enforce custody arrangements if documents are not provided?  Yes  No  
If applicable, are there any informal custody arrangements? Please describe: \_\_\_\_\_

**SCHOOL INFORMATION (if applicable)**

Name of school: \_\_\_\_\_

Method of transportation: \_\_\_\_\_

School phone number: \_\_\_\_\_

If applicable, transportation company: \_\_\_\_\_

Name of teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Transportation phone number: \_\_\_\_\_

**Describe any physical, developmental, emotional or medical conditions relevant to the care of your child.  
Please be specific and give suggestions about how we can best accommodate these needs.**

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

Does your child have allergies to food, animals, medication, etc.?  Yes  No Describe: \_\_\_\_\_

If so, are the allergies life-threatening (anaphylaxis)?  Yes  No Describe: \_\_\_\_\_

Are there any cultural, religious or personal requirements or restrictions that we should be aware of?  Yes  No  
Describe: \_\_\_\_\_

**Toilet Learning** Please check all that apply to your child's present stage.

completely capable of using toilet

in diapers at all times

in underwear during day

asks to use the toilet

will use the toilet if taken

will not use the toilet yet

**Nap** Children who do not nap rest on a cot for 30 minutes

I want my child to nap:  Yes  No

My child usually naps from \_\_\_\_\_ to \_\_\_\_\_

I want my child to rest on a cot each day:  Yes  No

Is there any other information that may help us facilitate your child's transition into the child care facility? (Special interests, specific likes/dislikes, major changes with in family, etc.)

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

**WRITTEN PERMISSION**

I have read the parent policy manual. I understand and agree to abide by these policies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will notify the facility immediately of any changes to the information provided on this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for outings (not requiring transportation in private or public vehicle).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
I give permission for indirect supervision as described in the parent manual.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
I give permission for photographing and videotaping for purposes described in the parent manual.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
I give permission to discuss relevant information about my child's day with school staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

If applicable, describe any arrangements for school-aged children to attend activities away from the child care facility at your request:

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

**Emergency Medical Transportation and Treatment**

If, at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize the child care facility to take whatever emergency measures deemed necessary for the protection of my child while in the care of the child care facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

_____ Date	_____ Date
_____ Signature	_____ Signature
_____ Parent name (please print)	_____ Parent name (please print)

For facility use: Date of enrolment: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_