



Primetime Child and Family Education Center

CHILD INFORMATION RECORD

Child's full name _____ Birth date _____

Preferred name or nickname _____ Gender _____

Unique clock-in pin # 1 _ _ _ _ _

Parent/guardian name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell _____

Work Place _____ Occupation _____

E Mail _____

Parent/guardian name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell _____

Work Place _____ Occupation _____

E Mail _____

Children – please list all children in order of birth (including child enrolled at Primetime)

Name	Sex	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other persons living with the child and their relationship (if any) to child

Name	Relationship to child
_____	_____
_____	_____
_____	_____

Has either parent been divorced? _____ Separated? _____ Previously married? _____
Either parent deceased? _____ Remarried? _____ Custody arrangements? _____

Is anyone restricted from seeing the child? If so, please list _____

Has your child had any serious illnesses, operations, or accidents? If yes, please describe

Are there any special considerations we should make for your child because of his or her general
physical condition? _____

Which hand does your child prefer to use? Right Left Both

What words does your child use for urine? _____ Bowel movement? _____

What responsibility does your child assume in toileting? _____

Should we be aware of any other interests, concerns, or fears that your child may have? _____

Has your child had a previous group or preschool experience? If so, where and when? _____

Is there any special food or eating instructions? _____

Any additional information such as discipline, child's communication, comforting, that will help us
take better care of your child. _____

Primetime Child and Family Education Center Emergency Information

Child's Name _____ Birth date _____

Address _____

Parent/Guardian name _____

Telephone Numbers: Home _____ Work _____ Cell _____

Parent/Guardian name _____

Telephone Numbers: Home _____ Work _____ Cell _____

Emergency Contacts

In case of emergency and parents/guardians cannot be reached, please notify:

Name _____ Relationship _____

Telephone Numbers: Home _____ Work _____ Cell _____

Name _____ Relationship _____

Telephone Numbers: Home _____ Work _____ Cell _____

Child's Usual Source of Medical Care

Doctor's Name _____

Address _____

Telephone Number _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

Parent/Legal Guardian Consent and Agreement for Emergencies

I give permission to Primetime Child and Family Education Center Inc to make any appropriate decisions regarding medical emergencies, evacuations, first aid, etc. for the safety and well being of my child while in their care. I understand that in an emergency, my child may be transported to a local emergency unit if the medical emergency responders deem this necessary. It is understood that, in some medical situations, it may be necessary to contact the local emergency responders before the parent, child's physician, and/or other adults acting on the parent's behalf. I understand that I will be responsible for all charges not covered by my personal insurance carrier. I give consent for the emergency contact persons listed above to act on my behalf until I am available.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Medical History

Does your child have a history of the following medical conditions? Place a check in the appropriate box:

Condition	Comments	Date of condition	Condition	Comments	Date of condition
Diabetes			Epilepsy (seizures)		
Urinary problems			Asthma		
Chicken pox			Allergies		
Measles			Emotional problems		
Mumps			Handicaps		
Other			Other		
Physical limitations (specify)					

Medical Insurance Company _____ Phone _____

Address _____

Group Number _____

Name of Insured _____ Insured Social Security Number _____

I verify that the medical information listed is complete and accurate. I also understand that reasonable measures will be taken to safeguard the health and safety of all children, and that I or my contact will be notified as soon as possible in case of an emergency.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Release Form

The following people are authorized to pick up _____
Child's Name

Name

Parent/Guardian Signature

Name

Parent/Guardian Signature

Name

Parent/Guardian Signature

Name

Parent/Guardian Signature

GENERAL PERMISSION AUTHORIZATION

- 1) I agree that my child may use all the play equipment and participate in all the activities at Primetime Child and Family Education Center.

- 2) I agree that my child may leave Primetime Child and Family Education Center with staff members for neighborhood walks.

- 3) I agree that any pictures of my child may be used in newspapers, displays, bulletin boards, or other types of educational publications.

- 4) I agree to allow my child to use the Primetime Child and Family Education Center van as transportation to and from school. I also agree that my child's negative behavior on the Primetime Child and Family Education Center van may suspend him/her temporarily or permanently. I agree that I would then be responsible for my child's transportation to and from school.

- 5) I agree to allow my child to attend Primetime Child and Family Education Center field trips in the event I have not signed the fieldtrip permission slip. Every attempt will be made prior to field trip departure for verbal permission to attend the field trip.

- 6) I agree to allow my child to use the Primetime Child and Family Education Center van as transportation to and from Primetime Child and Family Education Center field trips.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____