

Parental Consent and Release Form

Childs Name: _____

Home Address: _____

Parents / Guardians: _____

Local Emergency Person (s) allowed to pick up child with Parental Consent or to contact in case of inability to locate parent (s).
The person picking up the child will be asked for identification the first time in the center.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Child's Physician: _____ Physician Phone: _____

Hospital Preference: _____

Drug or Food Allergies: _____

Publicity Release:

I grant permission for my child to be involved in publicity for the Center, which may include: (please check any or all of those you consent to).

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Photographs | Website | Facebook Page | Homeroom App | Security Camera |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Parent Signature: _____ **Date:** _____

Home & Family

Child's Name: _____ Nickname: _____

Home Address: _____ Date of Birth: _____

Parent / Guardian Information

Father/Guardian: _____ Cell Phone: _____

Home Phone: _____ Work Number: _____

Place of Employment: _____

Email: _____ Best way to reach you: _____

Occupation: _____

Work Address: _____

Working Hours: _____

Mother/Guardian: _____ Cell Phone: _____

Home Phone: _____ Work Number: _____

Place of Employment: _____

Email: _____ Best way to reach you: _____

Occupation: _____

Work Address: _____

Working Hours: _____

Family Members (names & ages)

Brother: _____

Sister: _____

Marital Status:

Married Separated Divorced Single

-If separated or Divorced

- How long: _____
 - Custody Arrangement: _____
 - Is there anything that we need to be made aware of: _____
- _____
- _____

Toilet Habits: (Circle)

Is your child potty trained? Yes or No

Does your child cooperate readily on going to the toilet? Yes or No

Does your child tell you when he / she needs to use the toilet? Yes or No

Any case of Kidney problems? Yes or No

If yes, please specify: _____

Child Care:

Disciplinary methods used generally at home: (Circle)

Spanking Sent to Room Talking Reasoning Time Out No Discipline Reward

Other _____

Who does most of the discipline? (Circle)

Father Mother Both Guardian Other: _____

Adoption Information:

Is your child adopted? Yes or No

Age when adopted: _____

Does your child know he / she is adopted? Yes or No

Is there any other information we need to be made aware of regarding the adoption? _____

Anxieties and Nervous Habits: (Circle)

Have you observed any habits with your child? Yes or No

At particular times: _____

What is the nature of your child's nervous habits?

Finger Sucking Nail Biting Stuttering Physical Shaking Other: _____

Does your child have any fears? Yes or No



What is the nature of your child's fear? Animals Strangers Dark Loud Noises High Places Water

Storms Tv or Movies Other: _____

How do you assist the child with his / her fears? _____

Child's Social Experiences: (Circle)

With whom does your child play with at home?

Siblings Neighbors Relatives Parents Friends other than neighbors

Types of preferred activities: _____

Playmates (Most of the time) Same Age Younger Older

Play preferences (Most of the time) Alone Children Adults

Pets: Dog Cat Other: _____

Has your child had other experiences with a group of other children? If so, please describe _____

Food Habits: (Circle)

Which meal(s) does your child eat with the family: Breakfast Lunch Dinner

How long does it take him / her to eat? Extremely Slow Moderate Fast

What is his / her attitude towards food? Cooperative Casual Resistant

Favorite foods: _____

Not so Favorite Foods: _____

What procedure and / or attitude do you take towards dislikes and persuading your child to eat? _____

Comments:

Are there further explanations or comments on any above areas you feel would help us understand and care for your child? _____

Parents Signature: _____ **Date:** _____