

Email: _____

My preferred days are: _____

First Presbyterian Church of Bentonville
My Friends and Me Learning Center
Phone: (479) 273-5450 Fax: (479) 273-5452
zcooper@fpcbentonville.org

Child's Personal Data Sheet

Child's name: _____ Sex: __ M __ F DOB: _____

Father's name: _____ Mother's name: _____

Home address: _____ City: _____ State & Zip: _____

Home phone _____ Father's cell: _____ Mother's cell: _____

Father's employer: _____ Work phone: _____ Work hours: _____

Mother's employer: _____ Work phone: _____ Work hours: _____

Date enrolled in center: _____ Date withdrawn from center: _____

Name of center: My Friends and Me Clock hours in care: _____

XX

EMERGENCY CONTACT INFORMATION

Name of person to call if parents cannot be reached: _____

Relationship: _____ Home & cell phone: _____

Address: _____ City: _____ State & zip: _____

Is this person authorized to take the child from the center? _____

List all other adults who are authorized to take the child from the center:

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
Address	_____	Address	_____	Address	_____
City	State Zip	City	State Zip	City	State Zip
Home & Cell phones	_____	Home & Cell phones	_____	Home & Cell phones	_____

MEDICAL INFORMATION

Child's physician or emergency treatment facility _____

Address: _____ City: _____ State: _____ Phone: _____

I, _____ (father, mother, guardian – circle one) of

Child's name _____ do hereby give my consent to the Director of _____ Facility, or his duly representative, for said child to receive medical or surgical aid may be deemed necessary and reasonable by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport the said child for emergency medical treatment if the parents cannot be contacted.

Signed: _____ Date: _____

Medical Information Cont.

I, _____ (Father, Mother, or Guardian - Circle One) hereby give _____ / do not give _____ the Director of **My Friends and Me Parent Day Out & Preschool** or his/her duly appointed representative, permission to give _____ (child's name) Acetaminophen. I understand I will be notified that the medication has been administered.

IMMUNIZATIONS: Please provide a copy of your child's Immunization Record.

Verified by Health Department Record: _____ Physician's Record _____ Other: _____

DISEASE HISTORY: List the dates of each:

Measles: _____ Mumps: _____ German Measles: _____

Chicken Pox: _____ Whooping Cough: _____

Contracted Tuberculous: No _____ Yes _____ Frequent Ear Infections: No _____ Yes _____

Frequent Throat Infections: No _____ Yes _____ Defective Heart: No _____ Yes _____

Other Conditions or Comments: _____

CHILD'S DEVELOPMENT NEEDS:

Physical or emotional problems the child might have: _____

Child's special food needs: Formula _____ Diabetic Diet _____ Allergies _____

Special Problems: Medications: _____

Allergies: _____ Temper tantrums: ___ Diabetes: ___ Frequent colds: ___ Biting: ___

Sun Sensitivity ___ Seizures: ___ Fainting Spells: ___ Bed Wetting: ___ Other: _____

Requires help: Dressing: ___ Undressing: ___ Toileting: ___ Eating: ___ Washing hands: ___

Is Child Toilet Trained? Yes ___/ No ___ Words used in toileting: _____

Favorite: Games: _____ Toys _____ Foods _____

Siblings? Yes ___/ No ___ Name(s) of siblings: _____

Type of child care used before: _____

Other useful information: _____

I, _____ (Father, Mother, or Guardian - Circle One), understand that I may ask for a conference with the caregiver(s) as needed.

Name: _____ Signature: _____ Date: _____

Additional Comments: _____
