



GROUP CHILD CARE DEVELOPMENTAL FORMS

(Please return to Busy Bee Academy as soon as possible.)

Child's Name:	Eye Color:	Skin Color:
Home Address:	Hair Color:	Height:
Telephone:	Sex:	Weight:
Date of Admission:	Age at Admission:	
Date of Birth:	Primary Language:	
Identifying Marks:		
Allergies / special diets:		

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
Home Telephone #:	Home Telephone #:
Cell Telephone #:	Cell Telephone #:
Bus. Name:	Bus. Name:
Bus. Address:	Bus. Address:
Bus. Telephone #:	Bus. Telephone #:
Hours at Work:	Hours at Work:

ADDITIONAL INFORMATION:

Child's Physician/Clinic:	
Address:	Phone:
Chronic health conditions:	
Special limitations or concerns:	

Parent/Guardian Signature

Date

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ **DATE OF BIRTH** _____

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____ Foods Refused: _____

Child eats with hands _____ spoon _____ fork _____

TOILET HABITS

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does the child have accidents? _____

SLEEPING HABITS

Does your child become tired or nap during the day (include when and how long)? _____

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child:

Previous experience with other children/day care:

Reaction to strangers:

Able to play alone:

Favorite toys and activities:

Fears (the dark, animals, etc):

How do you comfort your child:

What is the method of behavior management/discipline at home:

What would you like your child to gain from this childcare experience?

DAILY SCHEDULE:

Please describe your child's schedule on a typical day.

Is there anything else we should know about your child?

Parent/Guardian Signature

Date

Authorization for Field Trip

I agree to allow Busy Bee Academy to take my child on field trips off the premises. I am aware that I will receive a separate notice and permission slip for each trip requiring car or bus transportation. I will make every effort to return the individual trip form. If I forget, this form may be used to grant permission upon verbal consent from me. It is understood that this permission slip will cover walks around the school.

Parent/Guardian Signature

Date

Authorization for use of Photographs and Videotapes

I agree to allow Busy Bee Academy to photograph and video my child for use in our weekly newsletters or in the classroom. These pictures will be used only for educational or information purposes. If we would like to use your child's picture for publicity purposes we will get your signed approval.

Parent/ Guardian Signature

Date

**GROUP CHILD CARE FIRST AID
AND EMERGENCY MEDICAL CARE
CONSENT FORM**

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Emergency Contacts (*In order to be contacted*)

1. Name: _____ Address: _____
Relationship to Child: _____ Phone #: _____
Do you give permission for child to be released to this person? Yes No

2. Name: _____ Address: _____
Relationship to Child: _____ Phone #: _____
Do you give permission for child to be released to this person? Yes No

3. Name: _____ Address: _____
Relationship to Child: _____ Phone #: _____
Do you give permission for child to be released to this person? Yes No

Parent/Guardian Signature

Date

Please sign below if you have read and understood everything included in your Busy Bee Academy Parent Handbook such as our inclement weather policy, healthcare policy, behavior management policy, and snack and lunch policy. If you have any questions, please feel free to ask us before signing below.

Parent/Guardian Signature

Date

TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

____ PARENT DROP OFF

____ SUPERVISED WALK (WHO _____)

____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

____ PARENT PICK UP

____ SUPERVISED WALK (WHO _____)

____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the end of day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one is authorized, please indicate below by writing "NO ONE")**

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Dear Physician: _____

(Child's Name)

is enrolled in an early childhood program licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone # _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance:

Has this child been screened for lead poisoning? Yes _____ No _____

If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care provider? If so, please detail below:

Physician's Signature: _____

Date: _____ Comments: _____

Parent/Guardian Signature

Date