



Name of Child: _____ Date Entered Care: _____

Birth Date: _____ Nickname: _____ Age at Entry: _____

Parent(s) or Guardian(s) Contact Information:

1). Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Cell &/or Pager #: _____ Email: _____

Employer: _____ Work Phone: _____

Hours: _____

2). Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Cell &/or Pager #: _____ Email: _____

Employer: _____ Work Phone: _____

Hours: _____

Emergency Contacts: We always try to contact parents first. However, we are required to have an emergency contact other than parents. These people are also authorized to pick your child up from the facility. Please list all appropriate phone numbers.

Name: _____ Relationship: _____

Phone: _____ / _____ / _____

Name: _____ Relationship: _____

Phone: _____ / _____ / _____

Non-Emergency Contacts: Other people who are authorized to pick up child in non-emergency situations.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information: _____

Medical Provider: _____ Phone: _____

Insurance Information: _____

Dentist: _____ Phone: _____

Does your child have allergies? _____ Yes _____ No Has your child had chickenpox? _____ Yes _____ No

What types of allergies or other health concerns does your child have and what do we need to know to provide the best possible care? Do these restrict your child's activities?

My signature gives permission for the following: In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 will be called and the child is transported to the nearest hospital and seen by the Dr. on call. Note: parents are always notified as soon as possible. **Please list any restrictions to permission below:**

In the event that I the parent provide the following and sign the required permission slips, my child may be given **prescribed or non-prescribed medication as indicated on the container**, including sun screen, children's pain reliever, antibacterial first aid cream and diapering ointment. Authorized staff may administer these in the childcare facility. Syrup of Ipecac may be administered if deemed necessary by the poison control operator. **Prescription medications** must be current and require a permission slip for each medication.

My child may participate in the childcare center's special events and guests when invited to join us, neighborhood walking excursions (under required supervision) and walking to the high school for planned projects through the child development classes (parents are notified ahead of time by the director). Please check one: Yes No

My child may participate in pictures taken during the childcare center's daily activities and special event for projects, the THS yearbook and the THSCDC website. Please check one: Yes No

GENERAL INFORMATION

Has your child had prior childcare experience? Yes No. Type of care: _____ How long? _____

Reason for requesting care: _____

Please give any information regarding your child that might assist us in providing the best care for your child:

Play: _____

Eating habits & schedule: _____

Sleeping habits & schedule: _____

Fears: _____

Likes & dislikes: _____

Special words & their meanings: _____

Other children in the household:

Name/nickname of child: _____ Age: _____ Sex: _____

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SPECIAL TRANSPORTATION ARRANGEMENTS FOR EC CARE CHILDREN

CCD requires a written plan of the transportation arrangements between the childcare facility and parents for child who come and go for school. The following is our plan: _____

(Child's Name)

Is enrolled through EC Cares and is coming from home: _____

(Home Address & Phone)

and will be transported by Springfield School District #19 buses to Thurston High School Child Development Center? Yes No

Note: please fill in the Springfield School District #19 Bus # _____ and Route # _____

PARENTS: It is mandatory and your responsibility to call the center and transportation if your child is not arriving to pre-school on the bus, or returning home on the bus, on any given school day. If your child is expected to show up on the bus and doesn't, and you haven't let us know any differently, the center's director will call to find out the whereabouts of your child. This takes time and can cause panic and confusion, so please follow through and let us know ahead of time. Thank you!

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts available to us. We want to meet your child's needs and encourage you to talk with us whenever necessary.



Springfield
Public Schools

Thurston High School Child Development Center

333 58th Street Room #164

Springfield, Oregon 97478

Phone: 541-744-6478

www.thscoltSPACE.com/parents/child-development-center/

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