

# CHILD PROFILE

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Preferred Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

(Primary) Email Address \_\_\_\_\_

(Secondary) Email Address \_\_\_\_\_

Days Attending:     M     T     W     R     F

Typical Arrival Time \_\_\_\_\_ Typical Departure Time \_\_\_\_\_

**Does your child have any allergies (food, medicines, etc...)?**

Adults living in our home:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

Children living in our home:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

Siblings' School Districts: \_\_\_\_\_

List all pets/names: \_\_\_\_\_

Home Church: \_\_\_\_\_

# TOILETING

**On a regular basis, my child wears:**     \_\_\_\_\_ Diaper     \_\_\_\_\_ Pull-Ups     \_\_\_\_\_ Underpants

**Where is your child with potty training?**

\_\_\_\_\_ Not Started     \_\_\_\_\_ Not Interested     \_\_\_\_\_ Halfway There     \_\_\_\_\_ Full Trained

**If currently potty training, my child...**

\_\_\_\_\_ Goes when I send them

\_\_\_\_\_ Self-initiates SOMETIMES

\_\_\_\_\_ Knows when they need to go and heads to the bathroom on their own

# PLAY EXPERIENCES

Has your child been in a childcare/preschool facility prior to ECC? If so, where?

What previous group experiences has your child participated in?

What are your child's favorite play activities?

Does your child have any unusual fears?

Does your child normally nap? On what schedule?

Does your child sleep with a favorite toy?

Any "security" items (blanket, doll, etc...)?

How do they typically relate to other children?

How do they typically relate to other adults?

Are they left handed or right handed, or which do they prefer thus far?

# AS YOU GET STARTED

How do you think your child feels about starting school?

As parents, do you have any concerns/needs you'd like to discuss with your child's teachers?

Would you like a phone call from your child's teacher prior to school starting to discuss?

# HEALTH & DEVELOPMENT HISTORY

Is there anything in your child's medical/developmental history of which your teachers should be made aware?

Do you have any concerns you would like us to watch for and want our feedback on as we get to know your child?

Does your child currently or have they in the past received therapy services (such as speech, physical, occupational, etc...)? Would this therapy take place at school?

Who is your provider?

# EMERGENCY MEDICAL AUTHORIZATION

Mother's Employer (if applicable): \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Employer (if applicable): \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT (In the event that the mother/father cannot be reached)

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Authorization for Treatment

As parent of legal guardian of \_\_\_\_\_, I give permission for my child to attend and participate in activities sponsored by the Early Childhood Center. Should it become necessary for my child to receive emergency care, I give permission for my child to be transported to the nearest hospital, emergency care facility, or doctor's office by car or emergency vehicle and I will be responsible for any expenses incurred.

I further give my permission for any reasonable medical or dental treatment deemed necessary by a licensed physician or dentist and agree to pay all expenses incurred with the treatment of my child.

Insurance Provider \_\_\_\_\_ Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# PARENTAL RELEASE CONSENT FORM

My child \_\_\_\_\_ may be released from the Early Childhood Center only to the following persons:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there is any change in the above list, I will notify the ECC Office in writing.

If my child is going to the home of a classmate, I will send a signed note to the teacher stating the change in the departure routine.

If I am a single parent with legal custody of my child, I will attach a copy of the legal designation and return it with this form.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PROMOTIONAL RELEASE

I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction that I or my child may appear in while participating with the Early Childhood Center. I understand that these materials will be used for promotion of the preschool program for such things as recruitment, fundraising, and website. I release the Early Childhood Center from any liability connected with the use of our picture or voice recording. By signing I give my consent. If I do not wish to participate, I will leave this section unsigned.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## FIELD TRIP RELEASE

\_\_\_\_\_ has my permission to go on any field trip which has been scheduled by the Early Childhood Center. I understand that I will be notified in advance of any such trips (walking trips in the area excepted). If fees are involved, I am responsible. If, on the date of the trip, some circumstance should arise that my child cannot go, I understand that there will be no school that day and I will keep my child home.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# FIRE MARSHALL & PARENT HANDBOOK

## ACKNOWLEDGEMENTS

The Fire Marshall Acknowledgement is required to be signed and on file for each child enrolled in our Child Care Ministry. State Lawmakers some years ago made a ruling allowing for groups such as churches to operate Child Care Ministries, distinguishing them from state licensed canthers/homes; some of those differences being in the regulations and rules that each is required to adhere to.

The choice to be a registered child care ministry instead of a licensed center was made by our Early Childhood Center Advisory Board. Our program is a Registered Child Care Ministry with the State of Indiana's Division of Family and Children, Child Care Facilities Unit. The State Fire Marshall's office inspects this facility annually to ensure that it complies with state law for fire and life safety. In addition, our program is inspected twice a year by the Indiana State Division of Family and Children concerning health and sanitation guidelines.

As pertains to the Fire Marshall's office, our facility has fire extinguishers accessible throughout the preschool area and a fully automated fire/emergency alarm system. Exit routes for the building are posted in each room and the school conducts monthly fire drills (and seasonal tornado drills).

We take your child's safety and well-being very seriously. We always welcome any comments or questions you may have regarding the services and facilities we provide. You may also contact the Indiana Family and Social Services Administration at (317) 232-4254 to report any concerns that you feel have been brought to our attention and have not been resolved.

### PARENT NOTICE

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State Rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs to my child are met while my child is at the day care ministry.

Name of Child Enrolled \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

*This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry, if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.*

### PARENT HANDBOOK ACKNOWLEDGEMENT

Please sign below stating you have read and accept the terms and procedures as indicated in the Early Childhood Center Parent Handbook, found online at [golove.org/ecc](http://golove.org/ecc)

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_