

Kids and Company Family & Health Record

Enrollment Date _____

Name of Child _____
(Last) (First) (Middle) (Nickname)

Address _____
(Street) (City) (State) (Zip Code)

Age of Child _____ Male / Female Birthdate _____ Social Security # _____

Information about the Family:

Father's Name _____ Home Phone _____ Social Security # _____

Address _____
(Street) (City) (State) (Zip Code)

Where Employed _____ Business Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Mother's Name _____ Home Phone _____ Social Security # _____

Address _____
(Street) (City) (State) (Zip Code)

Where Employed _____ Business Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Child lives with _____ Both Parents _____ Mother _____ Father _____ Other
Child's legal guardian(s): _____ Both Parents _____ Mother _____ Father _____ Other

If child is not living in home of parents, name of responsible adult _____

Address _____

Home Phone _____ Where Employed _____

Business Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

Information about your child:

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.)? If yes, what are they?

(Be specific) _____

Please give any information concerning your child which will be helpful in his experience in group living (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

Emergency Care Information:

Name of child's doctor _____ Office Phone _____

Office address _____

Name of child's dentist _____ Office Phone _____

Office address _____

Hospital preference _____

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Date)

(Signature of Parent)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate & appropriate rest and outdoor play.