

All About Me

Child's Name _____ Date _____

My favorite activity is: _____

My favorite food is: _____

My least favorite food is: _____

My favorite toy is: _____

I am afraid of: _____

I can do all these things by myself: _____

Brothers: Names/Ages _____

Sisters: Name/Ages _____

Does your child usually take naps? If yes, what time and for how long? Are there any security items needed?

Does your child have any fears such as dogs, sirens, storms, etc?

Does your child have a difficult time adjusting to new situations/environments? (I.e.; a new daycare Environment)

What are some of your child's other favorite... playthings? Pets? Books?

What are your accustomed methods of reassuring and rewarding your Child?

What are your accustomed methods of responding to your child's negative behavior?

Please circle all the words that best describe your child:

Calm excitable happy sensitive cheerful loud easily angered stubborn curious active destructive gives in easily temper tantrums jealous shares well hyperactive bright busy quiet shy contented other _____

NorthEast Christian Church ♥ MOM Time ♥ 990 Star Shoot Pkwy ♥ Lexington, KY 40509 ♥ 859-299-1251

CHILD'S HEALTH HISTORY

Does child have any known health problems? Yes () No ()

[If yes detail below and attach documentation] _____

Check (v) any of the following illnesses the child has had:

- Asthma Earaches Mumps Whooping Cough Bronchitis
- Eczema Pneumonia Polio Chicken Pox Frequent Colds
- Croup Convulsions Measles Influenza Rheumatic Fever
- Diphtheria Tonsillitis Other: _____

Please list any serious injuries/hospitalizations child has had in the past 12 months:

Allergies: Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions. If you checked yes and your child must carry an Epi-Pen please indicate here: _____

Does your child take any medication on a regular basis? Yes () No () If yes, please list the name of the medication(s) and the medical condition for which it is taken (**please note that teachers cannot administer medication unless it is an epi-pen**): _____

Do you have any concerns about your child's development? Yes () No () If yes, please comment: _____

Please comment on any pertinent medical information/ or special need which you feel would be helpful to your child's teacher (please include any special diet or restrictions in diet): _____

AUTHORIZATION FOR EMERGENCY TREATMENT/MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Director of NorthEast Christian MOM Time or designated staff appointed by the Director to take my child or to have my child transported by Emergency Medical Services (911) to:

Name of your Preferred Hospital:

Name: _____

I give permission for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic:

Parent Signature: _____

Date: _____

Name, Address and Phone Number of Your Child's Physician:

Name: _____

Phone: _____

Address: _____

Name, Address and Phone Number of Your Child's Dentist:

Name: _____

Phone: _____

Address: _____

CLASS LISTS

Distribution of address: I hereby () give () do not give my permission for distribution of my address, phone number and/or email address to any other parent of a child enrolled in my child's class at NorthEast Christian MOM Time (*Phone, address, email lists will be given out by request only, and are to be used solely for purposes such as organizing play groups, or mailing invitations, etc. They will not be given out for any commercial purposes.*)

Parent Signature: _____ Date: _____

PHOTOGRAPHS

From time to time, NorthEast Christian MOM Time will photograph your child for use in classroom activities, parent events, or for use on our website.

____ I give permission for NorthEast Christian MOM Time to photograph my child for use outlined in paragraph above.

OR

____ I give permission for my child's teacher to take photographs of my child for use in Art/Classroom activities that may arise during the school year.

____ **I DO NOT** wish to have my child photographed while attending NorthEast Christian MOM Time.

Parent Signature: _____ Date: _____