

Tiny Tots Daycare & Preschool

Child Information Record

Contact Information

Name of Child: (First Name _____ (Last Name) _____)

Date of Birth: _____ (YYYY-MM-DD) as

Gender: Male _____ Female _____

Home Address: _____

Home Phone: _____

Parent (1) Name: _____

Home Address: (if different from above) _____

Home Phone: (if different from above) _____

Cell/Work Phone: _____

Parent (2) Name: _____

Home Address: (if different from above) _____

Home Phone: (if different from above) _____

Cell/Work Phone: _____

Is custody and access issue that the teacher should be aware of? _____

Parent E-mail: _____

Health & Emergency Information

Emergency Contact

1. Name: _____ Phone: (H) _____ Cell/Work _____

Address: _____

2. Name: _____ Phone: (H) _____ Cell/Work _____

Address: _____

Does your child have any allergies or dietary restrictions? YES _____ NO

Is your child's immunization up to date? YES _____ NO

Is your child on any continuous medication? YES _____ NO

Sunscreen/insect repellent Application Consent

I, _____, give Tiny Tots staff permission to apply sunscreen/insect repellent on my child _____.

Photo and Video Consent Form

I, _____, give Tiny Tots staff permission to photograph/video record my child _____, display the photographs on bulletin boards, in school photo albums and share on Social Media.

Art Work

I give permission for _____ (*child's name*) artwork to be displayed outside of the classroom.

Accident and/or Emergency Consent Form

I/We _____ parent/guardian acknowledge that Tiny Tots staff will seek appropriate Medical Treatment/Attention for my child _____ in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Preschool Director/Assistant Director

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____