

Contact Information

Child's Name: _____

Birth Date: _____

Parents' (Guardians') Home and Employment Addresses

Father's Name _____

Employer: _____

Home Address: _____

Work Address: _____

City/Zip: _____

City: _____

Phone Number: _____

Work Number: _____

Social Security Number (For ID): _____ N/A _____

Father's email: _____

Mother's Name _____

Employer: _____

Home Address: _____

Work Address: _____

City/Zip: _____

City: _____

Phone Number: _____

Work Number: _____

Social Security Number (For ID): _____ N/A _____

Mother's email: _____

Most of our communication is done through email, we must have a parent email that is checked often

Emergency Contacts: These people can take responsibility for the child in an emergency when parents cannot be reached. These are the only other people who will be allowed to take the child from the center, without written notification. They will be asked to show photo identification. **Please list one contact that is out of area.**

1. Name: _____

2. Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

City/Zip: _____

City/Zip: _____

Phone Number: _____

Phone Number: _____

3. Name: _____

4. Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

City/Zip: _____

City/Zip: _____

Phone Number: _____

Phone Number: _____

Please enter these same names on the small emergency card.

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize a representative of Ready-Set-Grow to obtain emergency medical care and/or provide emergency medical transportation for my child. I will not hold RSG or its staff responsible or liable for any injury that may occur while seeking assistance.

Parent (Guardian) Signature: _____ Date: _____

Child Health History/Releases this form must be updated annually. Year: _____

Please check all that apply and list any health information needed to care for your child.

Any known allergies: ___ No ___ Yes If yes, please list:

Food Sensitivities: _____

Medication Allergies: _____

Other: _____

Any chronic illnesses/medical conditions: ___ No ___ Yes

Any disabilities: ___ No ___ Yes

Physical Impairment: ___ No ___ Yes

Hearing Impairment: ___ No ___ Yes

Visual Impairment: ___ No ___ Yes

Diabetes: ___ No ___ Yes

Asthma: ___ No ___ Yes

Heart Problems: ___ No ___ Yes

Seizures: ___ No ___ Yes

Developmental Delays: ___ No ___ Yes

Previously Attended childcare: ___ No ___ Yes

Obsessive Behavior: ___ No ___ Yes

Anxiety (Seperation, General): ___ No ___ Yes

Aggressive Behavior (to self or others) ___ No ___ Yes

Easily Distracted: ___ No ___ Yes

Picky Eater: ___ No ___ Yes

Destructive Behavior: ___ No ___ Yes

Any additional health/behavioral information not listed above:

Any routine medications your child is taking: _____

(Please see the Parent Policy Handbook for our medication policy.)

Any instructions for your child's daily care (any activities they should not engage in for health reasons)

Any instructions for child's emergency care:

(Please see the Parent Policy Handbook for our emergency policy.)

The following is a list of things we need parents to sign a release for. Please read and initial each item.

(The initials RSG stand for Ready-Set-Grow Preschool and Childcare Center.)

_____ Staff of RSG may take pictures of my child. These pictures will mainly be used in the center, but could include use on the center's website, social media pages, blog, or for marketing purposes. RSG will not post names with pictures outside the center.

_____ Staff of RSG can apply sunscreen to my child when it is needed to play outside. I confirm that my child or children has no known medical history, allergies or problems with sunscreen, and I will not hold Ready-Set-Grow Preschool & Child-care responsible for any allergies or problems that may develop with the sunscreen. I am also aware that the sunscreen will be kept out of the reach of my child and any other children.

_____ I give permission for RSG to follow directions given by Poison Control Center. I will not hold RSG or their staff liable for any damage that may occur as a result of following instructions given by the poison control center.

_____ RSG staff may use CPR or First Aid if my child or children need it. I will not hold RSG or their staff liable for using CPR or First Aid or any damage that may occur as a result.

_____ In the event there is an emergency or disaster which requires everyone to leave the center, RSG has my permission to transport my child or children to an evacuation site or medical facility (if medical attention is needed). I will not hold RSG or their staff liable or responsible for any accident due to the emergency.

_____ The Director or other trained staff at RSG may use the abdominal thrust on my child in the event of choking on a food item or other item. I will not hold RSG or its staff responsible for any injury that may occur as a result.

_____ I give my permission for RSG to transport my child to and from school and/or any other activities associated with RSG that require transportation. I will not hold RSG or its staff responsible or liable for any injury that may occur during this transportation process.

I have received, read and agree with the contract and policies of Ready-Set-Grow Preschool & Childcare. By signing this form, I agree that Ready-Set-Grow Preschool & Childcare will provide childcare for my child or children and I will abide by all policies.

Child's Name

Birth date

Parent or Guardian Signature

Date



Permit To Leave The Center

I, _____, give Ready-Set-Grow Preschool & Childcare my permission to take my child(ren) _____ outside of the center's boundaries.*

Initial each:

_____ *On daily walks around the neighborhood and to local destinations, within a half mile radius of the center.

_____ *While transporting to and from the local public schools.

_____ *While participating in field-trips that require vehicle transportation & walking field-trips that exceed a half mile radius.

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Evacuation Card

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Primary Address: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Contact 1 Name: _____ Phone #: _____

Contact 2 Name: _____ Phone #: _____

Contact 3 Name: _____ Phone #: _____

Contact 4 Name: _____ Phone #: _____

Allergies: _____ Current Medications: _____