Learn and Play After School Program
Learn And Play Daycare, Inc.
65 N. Wilmoth Rd.
Fayetteville, AR 72704
267-KIDS (5437)

Child's Personal Data Sheet

School Bldg._____**Teacher**_____**Start Date**_____**End Date**_____

1. Child's Full Name: _____***DOB***____/____/____***Grade***_____

Primary Caregiver:_____ Relationship to child: _____

Home Address with City & Zip: _____E-mail:_____

Home phone: _____ Work phone:_____ Cell phone:_____

Place of employment: _____ Work hours: _____

Secondary Caregiver: _____ Relationship to child: _____

Home Address with City & Zip: _____E-mail:_____

Home phone: _____ Work phone:_____ Cell phone:_____

Place of employment: _____ Work hours: _____

2. Emergency Contact Information

Name of person to call if parents cannot be reached: _____

Address: _____ City, State, Zip_____

Home phone: _____ Work phone: _____Cell phone:_____

Is this person authorized to take the child from the center? Yes_____ No_____

3. List all other adults who are authorized to take the child from the center:

Name	Relationship	Phone number

4. Medical Information:

_____ _____
Child's Physician or emergency treatment facility Phone number

_____ _____
Address City, State, Zip

I, _____, mother / father / guardian ***(circle one)***

of _____, do hereby give my consent to the Director of the
(Child's name)
Child Care Facility, or his duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or Staff to provide any first aid care deemed necessary or to transport said child for emergency medical treatment, if the parents cannot be reached.

_____ _____
Signature of caregiver Date

5. *Consents*

Permission for Transportation MUST be completed for students in grades K through 6th that will be transported by bus to the Williams Elementary Building. I here give my permission for _____
Child's name
to ride the bus each day from his/her school to Learn and Play After School Program at the Williams Elementary Building.

Signature:_____ Date: _____

Sunscreen

I hereby give_____/do not give_____ written permission for the use of suntan lotions/sunscreen for my child in permitable weather. School age children may apply sunscreen to themselves with supervision. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1100.1100.17.

Signature:_____ Date: _____

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6. *Acknowledgments*

This is a statement of verification that I have been informed that child care licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 100.109.3.

Signature: _____ Date: _____

This is a statement of verification that I have been informed of the behavior guidance policy.

Signature: _____ Date: _____

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7. *Pertinent Medical Information*

Disease history: Measles _____ Mumps_____German Measles_____Chicken Pox_____Whooping Cough_____

Frequent ear infections: Yes____ No____ Fainting spells: Yes____ No____ Diabetes: Yes___ No___
Defective heart: Yes____No____ Frequent throat infections: Yes___ No___ Seizures: Yes___ No___
Sun Sensitivity: Yes____ No___ Frequent colds: Yes ____No___ Contracted Tuberculosis: Yes____ No___

Allergies:_____Medications: _____

Physical or emotional concerns child might have: _____

Other medical history or comments: _____

_____

Special food needs: Diabetic diet_____Other_____

Siblings? Yes____ No____ Name(s) of siblings:_____

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8. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature: _____ Date: _____

Additional Comments: _____

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