

## INFORMATIONAL PACKET

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
LAST FIRST

Please answer the following questions about your child so that the Children's Center may have all the necessary information to successfully care for your child in any situation. Thank you for your time.

Is your child allergic to anything; including foods, medications, diapers, wipes, insects?   YES      NO

Please list any allergies to medications, environmental conditions, insects, foods, etc. and how they affect your child:

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What is the treatment followed should a reaction occur (please be specific to each allergy listed): **NOTE: if there is an allergy a doctor's note is required; if medication is required the written medication consent form needs to be completed.**

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I will provide the following items for my child:

\_\_\_\_ Rash ointment( A& D, Desitin)      \_\_\_\_ Insect repellent      \_\_\_\_ Sun Block

**YOU MUST PROVIDE PAMPERS, BABY WIPES, PLASTIC BIBS AND A CHANGE OF CLOTHES, AND TOOTHBRUSH (TOOTHPASTE IS OPTIONAL).**

I would like the Children's Center to apply the following checked items to my child in the event that the staff deems it necessary and appropriate.

\_\_\_\_ Antiseptic (Bactine and/or Peroxide)      \_\_\_\_ Triple Antibiotic Cream (Neosporin)

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

Are there any restrictions to your child's activity, diet, or any other aspect of his/her participation?

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Does your child take any medications on a regular basis? If so, what kind and for what? Please specify **NOTE: A written medical consent form and written parent permission are required to administer any prescription medication, as well as over-the-counter medication. Over-the-counter Diaper Rash Cream, sun block lotion and bug spray are the ONLY items that may be administered with only written parent permission.**

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How does your child act when he/she is getting sick?

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Is there anything you would like to share with us concerning your child's health?

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**FEEDING**

What is your child's eating schedule? \_\_\_\_\_

What are your child's particular food likes/dislikes?  
\_\_\_\_\_

Do you have any special concerns regarding your child's eating?  
\_\_\_\_\_

For Infants Only Is your child (Circle One): bottle fed only    breast fed only    Solid foods only  
Eating solid foods, supplemented with bottle                      Other: \_\_\_\_\_

Describe your child's ability to feed him/herself?  
\_\_\_\_\_  
\_\_\_\_\_

What kind of assistance does your child need at meals?  
\_\_\_\_\_  
\_\_\_\_\_

**SLEEPING**

What is your child's daily sleep schedule? Include all significant periods of sleep.  
\_\_\_\_\_  
\_\_\_\_\_

How do you get your child to fall asleep?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child use a comfort object at naptime? For example: stuffed animal, pacifier, blanket, etc.  
Please describe:  
\_\_\_\_\_

What is your child's typical mood upon waking? \_\_\_\_\_

Is there anything else you would like to share with us concerning your child's sleep habits?  
\_\_\_\_\_  
\_\_\_\_\_

**TOILETING**

How often does your child have a bowel movement? \_\_\_\_\_

Are there any toileting problems we should be aware of?  
\_\_\_\_\_

What words do you use for elimination? \_\_\_\_\_

What words do you use for anatomical parts? \_\_\_\_\_

Is your child completely toilet trained? YES    NO    If no, please give details.  
\_\_\_\_\_

Has your child begun toilet training? YES    NO    If yes, please describe.  
\_\_\_\_\_

If your child is in a diaper/pull-up; does your child frequently have a diaper rash? \_\_\_\_\_

What do you do for it? \_\_\_\_\_

Do you have any specific instructions regarding diapering/toileting of your child?

\_\_\_\_\_  
\_\_\_\_\_

### **SOCIAL/EMOTIONAL DEVELOPMENT**

Briefly describe your child's personality: \_\_\_\_\_

How do you feel he/she will adjust to the center situation?

\_\_\_\_\_

How does your child react to new situations and new people? \_\_\_\_\_

Does your child have any separation difficulties? YES NO Do you? YES NO

Does your child have any particular fears? YES NO If yes, what are they and how does he/she react?

\_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Who has been caring for your child up until now? \_\_\_\_\_ And where? \_\_\_\_\_

Have there been any major changes in your household over the past year (a new person living there, birth of a sibling, separation, death, divorce, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Are there any behavior concerns we should be aware of? Please describe in detail.

\_\_\_\_\_  
\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Are you concerned with any aspects of your child's development?

\_\_\_\_\_

If yes, would you like us to look into having him/her evaluated? \_\_\_\_\_  
have you ever had your child evaluated for anything in the past? If yes, what was the outcome?

\_\_\_\_\_

Are there any other comments or concerns you would like to address at this point?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Family Intake Information

In order to serve the children better we are looking for ways to include the families of the children in our planning. Please take 3 minutes to complete this form and return it to the office or your child's teacher. Thank you for your help.

I am willing to help by:

\_\_\_ Discussing our family traditions/holidays; our traditions are \_\_\_\_\_

\_\_\_ Discussing a trip we took to another country; we visited \_\_\_\_\_

\_\_\_ Participating in activities celebrating \_\_\_\_\_

\_\_\_ Sending in items needed for parties

\_\_\_ Assist with parties: holidays, birthdays, special events, field trips

\_\_\_ Sending in items needed for theme units

\_\_\_ Being a mystery reader

\_\_\_ Sharing a special talent

\_\_\_ Sharing information and an activity about my career

\_\_\_ Participating in a planned activity during the day

\_\_\_ Playing games on the playground

Other \_\_\_\_\_

\_\_\_ I would be interested in learning more about becoming a member of the Board of Directors?

The Best Way to Contact Me About These Opportunities is:

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_ If other than English,

Would you be willing to teach this to the class? \_\_\_\_\_

What language is spoken in the community where you live? \_\_\_\_\_

If your child is receiving any special education services, please list what they are receiving. If they will be receiving the services at the center please complete:

Services My Child Currently Receives: \_\_\_\_\_

If services will be given at center, please complete:

Name of therapist: \_\_\_\_\_

Circle one please: Physical Therapy, Occupational Therapy, Speech, Behavioral

What days will they be here? \_\_\_\_\_ At what time? \_\_\_\_\_

Name of therapist: \_\_\_\_\_

Circle one please: Physical Therapy, Occupational Therapy, Speech, Behavioral

What days will they be here? \_\_\_\_\_ At what time? \_\_\_\_\_

Name of therapist: \_\_\_\_\_

Circle one please: Physical Therapy, Occupational Therapy, Speech, Behavioral

What days will they be here? \_\_\_\_\_ At what time? \_\_\_\_\_

Is there anything else you want to share about your child/family that would help us better your child's learning experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PUBLICATION RELEASE**

I waive any claim to photos, videos, film or slides taken of me or my child(ren) that are used in publications at the YWCA NENY.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**DAILY WALKS RELEASE**

I give permission for my child to take walks with his/her class during weekly activities at the Children's Center.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**FIELD TRIP RELEASE**

I give permission for my child to participate in scheduled, announced field trips, including the Front Street Pool and backyard sprinkler with the Children's Center.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**HANDBOOK POLICY STATEMENT**

I have received the YWCA NENY Children's Center Parent Handbook and understand the policies presented.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**YWCA NENY CHILDREN'S CENTER APPLICATION AND MEDICAL INFORMATION**

Please fill this form out completely for the safety of your child while they are in our care at the YWCA NENY Children's Center. Thank you for your time.

Child's Name: Last Middle First Sex Date of Birth Age

Home Address Street City State Zip Code

Mailing Address (if different from Home Address) Street City State Zip Code

Home Phone Number Email Address

Parent/Guardian #1 (Registrar) Address Home Phone Number

Employer Address Work Phone Number Pager/Cell Phone

Parent/Guardian # 2 Address Home Phone number

Employer Address Work Phone Number Pager/Cell Phone

Who should be contacted first in case of emergency? (circle one)

Parent/Guardian #1      Parent Guardian #2      Other

If you circled other, please list:

\_\_\_\_\_

(Please note: This person also eligible to pick up your child)

**In the case of my child needing emergency medical attention, and I or another designated person(s) cannot be reached, I give permission for the YWCA NENY Children's Center staff to make sure the appropriate care is given.**

Type of Hospital Insurance Coverage you have for your child: \_\_\_\_\_

Insurance Identification # \_\_\_\_\_ Group \_\_\_\_\_

Your child's last tetanus shot: \_\_\_\_\_

Your child's pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all individuals who live in your household below:

Name	Relationship to Child	Date of Birth

# CONSENT TO RELEASE INFORMATION

**\*\*\*ANY CHANGES OR UPDATES MAY ONLY BE MADE TO ORIGINAL COPY**

**CHILD'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I give permission for my child to be released from the YWCA NENY Children's Center with the following people. I further understand that the people listed below must show identification for a child to be released. It is required, whenever possible, that you let Children's Center staff know in advance if someone other than you will be picking up your child.

## **PLEASE LIST YOURSELF AND PARTNER BELOW.**

NAME and RELATIONSHIP TO CHILD	TELEPHONE NUMBERS
1.	Home: Work:
2.	Home: Work:
3.	Home: Work:
4.	Home: Work:
5.	Home: Work:

**Staff: Parents must cross out any deletions, sign, and date original form only. Staff should not make changes.**

## Additions to Release List

Name & Relationship to Child	Phone Numbers	Date Added
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Are you:            married            separated            divorced            single

Do you have FULL custody of your children:            YES            NO

If yes, can you supply the center with a copy of the custody papers?            YES            NO

If no, Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent or Person Legally Responsible Signature:** \_\_\_\_\_

**Staff: Attach custody papers or standing orders if necessary.**