

IT'S A KIDZ WORLD CHILD CARE CENTER



APPLICATION FOR CHILD CARE

CHILD PROFILE FORM

The purpose in securing this information about your child is to help the child care staff better understand your child. Your child's care during the day is a responsibility we share. All information given is confidential between you and the Center.

Date of enrollment: _____

Child's Name: _____ Nickname: _____

Birth date: _____ Sex: Male _____ Female _____

Address: _____

City State Zip

Home phone number: _____

Parents: Mother _____ Social Security #: _____

Work number: _____ Cell phone: _____

Employer: _____ Address: _____

Hours: _____ to _____ Number of days: _____

Father _____ Social Security #: _____

Employer: _____ Address: _____

Hours: _____ to _____ Number of days: _____

Work number: _____ Cell phone: _____

Parents are:

Married _____

Divorced _____

Separated _____

Widowed _____

Single _____

Divorced or Separated Parents

If parents are divorced, the parent with legal custody of the child is: _____

If separated or in the process of getting a divorce, the parent with temporary custody of the child is: _____

If divorced, does the non-custodial parent have permission to Pick up the minor child. Yes _____ No _____

Private Pay: _____ Title XX: _____ Title XX Case Manager Name: _____

Title XX Case Manager Phone Number: _____

Hours Requested for child care:

Monday _____ - _____

Tuesday _____ - _____

Wednesday _____ - _____

Thursday _____ - _____

Friday _____ - _____

Child's siblings and their ages

Brothers _____ / _____
_____ / _____
_____ / _____
_____ / _____

Sisters _____ / _____
_____ / _____
_____ / _____
_____ / _____

Other Information:

What are your child's favorite activities? _____

Does he/she have any particular fears? _____

What type of discipline is used? _____

What time does your child go to bed at night? _____

What time does your child wake up in the morning? _____

Do you have any pets at home? _____. If yes, please list the types of pets you have

Has your child ever been in childcare before? _____

How does he/she relate to other children? _____

What contribution would you like our center to make to your child's overall growth and development? _____

IT'S A KIDZ WORLD CHILD CARE CENTER



INDIVIDUALIZED HEALTH CARE PLAN

PLEASE PRINT

CHILD'S NAME: _____ BIRTH DATE: _____

PARENT/GUARDIAN'S NAME: _____

As a child development facility, it is important that an individualized care plan be on file for children who may have special health care needs, which may necessitate specialized care by **IT'S A KIDZ WORLD CHILD CARE CENTER (IAKW)** staff. A physician or professionally qualified individual must complete this plan. The purpose of **IAKW** staff needing this information is to provide optimum service at the center for the child to participate at his/her fullest level.

The following information is to be completed by a physician or a qualified health professional:

This child has been diagnosed as having the following health condition:

Please list warning signs or symptoms that may occur:

Does this child have any allergy problems (i.e., rash, itching, swelling, difficulty breathing, sneezing) when near animals, furs, insects, dust, etc.?

Is medication required for this condition? YES NO

If required:

a) Name of medication:

b) Dosage: _____

c) Does medication need to be administered by **IAKW** staff? YES
NO

d) What kind of reaction could this child have to this medication and what action should be taken by **IAKW** STAFF?

Within a 4-8 hour day, how many times may the above medication/treatment be repeated or administered?

This child may _____ may not _____ participate in regular physical activities at **IAKW** facility.

Comments:

Does this child's health condition require any specialized care by **IAKW** staff?
YES NO If yes, what does this specialized care entail?

In case of medical emergency due to this child's special health condition, child care staff should do the following:

Signature of Physician or Professionally qualified person

Affiliation with Group Practice or Clinic

Address

Telephone Number

Date

IT'S A KIDZ WORLD CHILD CARE CENTER



CHILD'S HEALTH HISTORY FORM

Hospitalizations and Illnesses

Has your child ever been hospitalized or operated on? _____. If yes, please explain _____

Has your child ever had a serious injury (broken bone, head injury, falls, burns, poisoning, ect.)? _____

Has your child ever had a serious illness? chicken pox _____, scarlet fever _____, polio _____, mumps _____, measles _____, German measles _____ or whooping cough _____?

Health Problems

Has your child ever had or have: hives _____, boils _____, eczema _____?

Has your child ever had or have: asthma _____, diabetes _____, epilepsy _____, cancer _____, heart problems _____, sickle cell _____, liver disease _____, rheumatic fever _____.

Note: Children with chronic problems (asthma, diabetes, epilepsy) will need an additional form filled out by their physician.

Do your child have any special needs or health concerns? _____

Does your child have any allergy problems? _____

Foods? _____

Medication? _____

Environmental? _____

Note: Food allergies need an additional form filled out by their physician.

Is your child currently being treated for any reason by a doctor or a dentist? _____. If yes, please explain _____

Have your child been tested for lead poisoning? _____. If yes, were levels normal? _____

Does your child have frequent: sore throat _____, cough _____, stomach pain _____, urinary infections _____, trouble urinating _____, vomiting _____, or diarrhea _____?

Does your child have difficulty seeing (squinting, looking closely at books, wears glasses, or supposed to wear glasses)? _____

Does your child have problems with his/her ears or hearing (frequent ear infections)? _____ Does the child have tubes in his/her ears? _____

Has your child ever had a convulsion or seizure? _____. Is the child taking medicine for seizures? _____. If yes, please list the name of the medication

Is your child taking any medication now? _____. If yes, please list the name of the medication

Does your child have any particular habits or mannerisms such as thumb sucking or nail biting? _____. If yes, please describe _____

Is your child a special needs child? _____

Parent/Guardian Signature

Date

IT'S A KIDZ WORLD CHILDCARE CENTER

AUTHORIZATION FOR CHILD RELEASE
Center Drop-Off/Pick-up



Child Release Information:

I _____ authorize the following individuals to drop-off
and/ or pick-up my child _____.

Name (Please Print)	Address	Home Phone	Cell Phone	Work/ Message (Circle W/M)	Relation to Child
	_____			W M	
	_____			W M	
	_____			W M	
	_____			W M	
	_____			W M	
	_____			W M	
	_____			W M	
	_____			W M	
	_____			W M	
	_____			W M	

Signature _____

Date _____

IT'S A KIDZ WORLD CHILDCARE CENTER

MEDICAL AND EMERGENCY RELEASE



Child's Name _____ Birth Date _____
(Please Print)

MEDICAL RELEASE

I understand that It's A Kidz World is required to update my child's medical information throughout the year. My signature below will allow It's a Kidz World to contact my child's medial/ dental provider on my behalf in order to keep their records current.

I give It's A Kidz World my permission to obtain all medical information, test results, screening results and all other health care services provided (physical, dental, psychological, immunizations, well-baby checks, medical/dental follow-up etc.) from any health care/ service provider.

_____ YES _____ NO
Please Initial

EMERGENCY RELEASE

In the event I can not be reached to make arrangements, I hereby give my consent to It's A Kidz World to administer or call for emergency care for my child. If time and condition allow, I expect that a conscientious effort will be made to contact me before any action is taken. I also give consent to contact

Dr. _____, located at _____,
phone _____ and if necessary to take to hospital: _____

MEDICAL/ DENTAL HOME

Primary Physician: _____
Address: _____ City: _____ State _____ Zip _____
Phone: _____

Primary Dentist: _____
Address: _____ City: _____ State _____ Zip _____
Phone: _____

EMERGENCY CONTACT AND RELEASE INFORMATION

Name: _____
Phone: _____
(Indicate Which Apply) Home Cell Work Other

Address: _____
City: _____ Zip: _____

Name: _____
Phone: _____
(Indicate Which Apply) Home Cell Work Other

Address: _____
City: _____ Zip: _____

Name: _____
Phone: _____
(Indicate Which Apply) Home Cell Work Other

Address: _____
City: _____ Zip: _____

Parent/Guardian Signature

Date

IT'S A KIDZ WORLD CHILD CARE CENTER
CONSENT TO ADMINISTER MEDICATION

I, _____ have determined the staff at IT'S A KIDZ WORLD CHILD CARE CENTER are competent to give or apply medication to my child. I understand that IT'S A KIDZ WORLD CHILD CARE CENTER has the responsibility to assess the ability of staff to give or apply medication safely and may give the medication as required/requested.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

IT'S A KIDZ WORLD CHILD CARE CENTER
PERMISSION FORM

Child's Name _____

Medicines *IT'S A KIDZ WORLD CHILD CARE CENTER* is authorized to administer the following over the counter medicines in the recommended dosage to my child, if it is deemed necessary by the director for minor illnesses or injury. It is understood that these medicines will not be used to cover symptoms which might indicate illness, and that I will be notified by phone when these medicines are administered and given an accident report for all injuries.

Note: All other medications which need to be administered needs to be brought from home. (If your child requires two or more doses of medication there should be a doctor's note to accompany the medication.)

First Aid Spray _____

First Aid Cream _____

Vaseline _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ I do not give my consent. ____

Pictures I give my permission for my child to be photographed participating in classroom activities at *IT'S A KIDZ WORLD CHILD CARE CENTER* and on field trips. I understand that such photos may be used occasionally in the media for promotional purposes.

Parent/Guardian Signature _____ I do not give my consent. ____

Filming I give permission for my child to be filmed participating in activities at *IT'S A KIDZ WORLD CHILD CARE CENTER*. I understand that such films may be used occasionally in the media for promotional purposes.

Parent/Guardian Signature _____ I do not give my consent. ____

Artwork I give my permission for *IT'S A KIDZ WORLD CHILD CARE CENTER* to use any of my child's artwork that is done at the center. I understand that such artwork may be used occasionally in the media for promotional purposes.

Parent/Guardian Signature _____ I do not give my consent. ____

Travel I give permission for my child to accompany the children and staff from *IT'S A KIDZ WORLD CHILD CARE CENTER* on walking excursions. I understand that I will be notified and asked to sign a separate permission form if my child is transported from the center in a vehicle for a field trip.

Parent/Guardian Signature _____ I do not give my consent. ____

IT'S A KIDZ WORLD CHILD CARE CENTER



DIET RESTRICTION FORM

Child's Name

Birth Date

This is to notify *IT'S A KIDZ WORLD CHILD CARE CENTER (IAKW)* that this child **may not** eat the following foods:

This diet restriction is due to religious or cultural reasons.

THIS IS NOT CONSIDERED A FOOD ALLERGY

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Date

Nutritionist Name

Nutritionist Signature

Date

Teacher Name

Teacher Signature

Date

Director Name

Director Signature

Date

IT'S A KIDZ WORLD CHILD CARE CENTER



FOOD ALLERGY FORM

Child's Name

Birth Date

This is to notify *IT'S A KIDZ WORLD CHILD CARE CENTER (IAKW)* that this child **may not** eat the following foods:

Possible reaction the child has to foods:

In the event of an allergic food reaction what procedures should our staff take?

Signature of Physician or Medical Professional

Date

Phone Number

Address

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Date

Nutritionist Name

Nutritionist Signature

Date

Teacher Name

Teacher Signature

Date

Director Name

Director Signature

Date