

The University of the South Child Care Center

Emergency Information

Child's Name _____ Birth date _____
Mother's Name _____
Mother's Cell Phone _____ Home Phone _____
Mother's Employer _____ Work Phone _____
Father's Name _____
Father's Cell Phone _____ Home Phone _____
Father's Employer _____ Work Phone _____
Child's Insurance/Medicaid Coverage Company _____
Number _____
Child's Dr _____ Number _____

Should my child become ill or suffer an accident while under the supervision of the Child Care Center, I release the University of the South Child Care Center from all liability and the childcare staff shall undertake to contact me immediately. In the event that my emergency contact persons or I cannot be reached immediately, I hereby authorize the center to arrange for emergency transportation for my child by calling the Ambulance Service and transferring the child to the hospital. I will assume financial responsibility for the emergency vehicle, doctor, and hospital fees.
De _____

Signature of Parent(s) or Guardian(s)

Emergency Contact Information

Child's Name _____ Age _____ Sex _____

Address _____
Street City

State Zip Code Apt No. P.O. Box

Emergency Contact Person(s)

These people are authorized to pick up the child

Name Relationship Phone Number

1. _____
2. _____
3. _____

Known Allergies _____
Routine Medication _____
Special Health Problem(s) _____

General Information

It is important in our philosophy that we be as consistent with your home atmosphere as possible. We would like this information so that we can make your child as comfortable in the Center as he/she would be at home.

Child's Name _____ Birthdate _____
Parent Name _____ Relationship _____
Parent Name _____ Relationship _____

Eating Habits

Meal times: Breakfast _____ Lunch _____ Dinner _____
_____ Snacks: What _____ When _____

Bottle _____ When _____

Feed self _____

If refuses to eat, how is this handled and by whom _____

General attitude toward eating _____

Favorite food _____

Disliked food _____

Food allergies _____

Other things we need to know _____

Sleeping Habits

Shares room _____ With whom _____

Shares bed _____ With whom _____

Sleeps at night from _____ to _____

Attitude toward going to bed _____

Habits associated with going to bed _____

If there is any difficulty, how is this handled _____

Sleep walking _____ Sleep talking _____

Nightmares _____ How often _____

Wets bed at night _____ How often _____

Wets bed at naptime _____ How often _____

Methods used to handle bed-wetting _____

Anything else we need to know _____

Toileting Habits

Is child bowel trained _____ Bladder trained _____

Words child uses for urinating _____ Bowel movement _____

When is child taken to the bathroom _____

Anything else we need to know _____

Speech/Language

When did child first use words _____ Sentences _____
Does child speak clearly for age _____
Does child express thoughts well verbally _____
Does anyone read to the child _____ Who _____ When _____
Is child considered to be overly talkative _____ By whom _____
Anything else we need to know _____

Motor Development

Age child walked _____ Is child clumsy _____
Is child considered overly active _____ By whom _____
Is child considered too inactive _____ By whom _____
Does child work will with his hands _____
Anything else we need to know _____

Other information

Pets _____
Favorite toys _____
Fears _____
Does child dress self _____
Does child help you at home _____ How _____
How is child comforted _____
What do you like best about your child _____ ?

Social

Parents: Mother _____ Age _____ Whereabouts _____
Father _____ Age _____ Whereabouts _____
Step Parents _____ Relationship with child _____
Relationship with child _____
Grandparents _____ Relationship with child _____
Relationship with child _____
Other significant adults _____ Relationship with child _____
Relationship with child _____
Relationship with child _____
Members of household _____

Does child play with other children _____ Younger/older _____
Problems _____
Does child prefer being alone _____ Can child occupy self _____
Does child relate well with adults _____ Male _____ Female _____
Are there any family problems we need to know about _____ ?
Anything else we need to know _____
What do you hope your child will gain from his/her experience in the center _____ ?

THE UNIVERSITY OF THE SOUTH
Child Care Center Agreement

1. I agree to pay for services by month, in advance of the child's attendance, regardless of the number of days actually attended or the reason for any absence. If, for any reason, I need to withdraw my child from the Child Care Center, I will notify the Child Care Center director two weeks before my child's expected termination date.
2. I have read and agree to abide by all policies and regulations in the handbook adopted by the Child Care Center and agree that said child shall be subject thereto and any violation of stated policies and regulations may result in termination of child care services upon forty-eight (48) hours' notices.
3. I certify that the emergency information card is complete and that I will keep the center informed of any changes in emergency information as they occur.
4. I give my consent for my child(ren) to ride in any vehicle authorized by the center for the purpose of transportation in connection with the Child Care Center's Programs.
5. I agree to sign a statement regarding any medication to be given to my child (Aspirin, cough syrup, etc. will not be given without a signed statement).
6. I understand and recognize that, even under the most carefully supervised environment, accidents may and do occur. To this end, I understand the importance of enrolling in some kind of health and accident insurance for my child.
7. If collection efforts are made by the University for any unpaid amount, I agree to pay all collection costs and understand the University may disclose the information to credit bureau organizations. As a student of the University, I understand, should I become delinquent, a "hold" will be placed on my student records, and I will not receive further student privileges until the debt is clear. As an employee of the University, I understand should I become delinquent, the Payroll Office will be notified and the amount delinquent will be deducted from my payroll check.
8. I have received the Summary of Licensing Requirements for Child Care Centers.

I had a pre-visit of the Center _____
Name of Child (ren) _____
Signed _____ Date _____

Parent or Guardian

Authorization for Payroll Deduction for University Child Care Center Fees

I authorize the University of the South to deduct \$ _____
from my paycheck beginning with the next bi-weekly/monthly payroll.

Employee Name _____

Social Security Number _____

Signature: _____ Date: _____