

**Orchard Hill Christian Preschool and Child Care Center
Family Information Form**

CHILD'S NAME _____ NICK NAME _____

BIRTHDATE _____

ADDRESS _____

PHONE NUMBER _____

MOTHER _____ FATHER _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

MOTHER'S EMPLOYER _____

WORK PHONE _____ EMAIL _____

FATHER'S EMPLOYER _____

WORK PHONE _____ EMAIL _____

WHO IS AUTHORIZED TO PICK UP THE CHILD? _____

WHO MAY NOT PICK UP THE CHILD? _____

WHO MAY HAVE ACCESS TO YOUR CHILD'S MEDICAL AND ASSESSMENT RECORDS HELD AT THE CENTER? _____

FIELD TRIP PERMISSION: OUR PROGRAM INCLUDES MONTHLY FIELD TRIPS. PLEASE SIGN BELOW TO GIVE YOUR CHILD PERMISSION TO PARTICIPATE AND BE TRANSPORTED TO/FROM IN A BUS OR VAN ON FIELD TRIP EVENT DAYS:

PARENT'S SIGNATURE _____

MAY WE PHOTOGRAPH YOUR CHILD DURING ACTIVITIES AT THE CENTER FOR USE IN OUR ASSESSMENT TOOLS AND POSSIBLY AT FAMILY EVENTS AND TRAINING OPPORTUNITES? (PLEASE SIGN BELOW TO GIVE YOUR PERMISSION)

PARENT'S SIGNATURE _____

MEMBERS OF THE HOUSEHOLD, THEIR RELATIONSHIP AND AGE OF OTHER CHILDREN _____

IS THERE ANYTHING GOING ON IN YOUR HOME RIGHT NOW THAT MIGHT AFFECT YOUR CHILD? _____

WHAT ACTIVITIES DOES YOUR FAMILY ENJOY DOING TOGETHER? _____

HAS YOUR CHILD PREVIOUSLY ATTENDED A CHILD CARE CENTER? _____
IF SO, WHERE? _____

DOES YOUR CHILD NEED SOMETHING TO SLEEP WITH REGULARLY AT REST OR NAP TIMES? _____

DOES YOUR CHILD HAVE ANY FEARS OR ANXIETIES THAT OUR STAFF SHOULD KNOW ABOUT? _____

WHAT OTHER LANGUAGES ARE SPOKEN AT HOME OTHER THAN ENGLISH? _____

ARE THERE ANY SPECIAL FAMILY OR CULTURAL PRACTICES YOUR CHILD PARTICIPATES IN AT HOME THAT OUR STAFF SHOULD BE AWARE OF? _____

DOES YOUR FAMILY WORSHIP SOMEWHERE REGULARLY? _____

WHERE? _____

ARE THERE ANY OTHER CONCERNS OR ISSUES THAT YOU WOULD LIKE OUR STAFF TO KNOW ABOUT IN ORDER TO GIVE YOUR CHILD THE VERY BEST CARE? _____

FAMILY DOCTOR OR CLINIC _____
ADDRESS _____ PHONE _____

