

Hill and Dale Child Development Center
CHILD RECORD



Enrollment Date _____ First Day of Attendance _____

Child's Name:	Sex:	Nick Name:	Birth date:
Address:		City, State, Zip:	

Parent/Guardian's name: _____
 Relationship to child: _____
 Address: _____
 City _____ State _____ Zip code _____
 Cell phone # () _____ Home phone # () _____
 email _____
 Employer _____
 Work phone # () _____ ext _____

Parent/Guardian's name: _____
 Relationship to child: _____
 Address: _____
 City _____ State _____ Zip code _____
 Cell phone # () _____ Home phone # () _____
 email _____
 Employer _____
 Work phone # () _____ ext _____

Others in the household:

Name	Age	Relationship

List additional person who may be called in the event of an emergency, and who are authorized to remove the child from the facility. Your child will not be allowed to leave with any other person without authorization from parent or guardian. See page 4 for more room

Name	Address w/state & zip code	Phone #	Relationship

Child's name _____

Additional persons authorized to pick-up continued from page 1

Name	Address w/state & zip code	Phone #	Relationship

CONSENT FOR MEDICAL TREATMENT

Physician or Dentist to be called in an emergency

Physician:	Address:	Medical plan or Policy #	Phone #
Dentist:	Address:	Medical plan or Policy#	Phone #

Which hospital would you prefer? _____

___ In an emergency, Hill and Dale CDC has my permission to call an ambulance or to take my child to any available physician or hospital at my expense.

___ In an emergency, my child may receive first aid.

___ In an emergency, the facilities providers have my permission to call the child's physician listed above and, if necessary, give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense.

Past illnesses - Circle illnesses child has had with an approximate date:

Chicken pox date:	Hay Fever date:	Whooping Cough date:	10 day Measeles (Rubella) date:
Asthma date:	Diabetes date:	Mumps date:	3 day Measeles (Rubella) date:
Rheumatic Fever date:	Epilepsy date:	Poliomyelitis date:	Other serious illness/accident

Child's name _____

List any Allergies staff should be aware of: _____

Does your child have any special problems or fears? Explain: _____

Are the problems serious enough to restrict your child's activities? Yes ____ No ____

Describe, if any, special care required: _____

Does your child have frequent colds? Yes ____ No ____

How many colds in the last year? _____

Is your child currently taking prescribed medication? Yes ____ No ____

If yes, for what reason? _____

Is it a chronic illness? Yes ____ No ____

What is the name of the medication? _____

What do you plan to do when your child is ill? _____

Reason for requesting preschool/day care? _____

Parent / Guardian agrees for provider to consult with a nurse or a physician in regards to child's health as needed for their clarification. In the event that the provider should have questions regarding the health of my child they may contact one, or more, of the following sources for information:

Hospital and phone number _____

Southern Nevada Health District 702-759-1301

Child's listed physician @ phone number listed on page 2 of this form

____ I hereby give permission to Hill and Dale CDC to transport my child in the event of an emergency evacuation of the facility.

PERMISSION TO RELEASE INFORMATION

I understand that during the time my child is enrolled in the facility, that the director may be asked for information regarding my child.

____ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

Child's name _____

FIELD TRIP PERMIT

____ I understand that during the year my child may take part in field trips and educational excursions, either by bus, private car, or on foot off the facility property and will be chaperoned by a responsible adult at all times away from the facility. I further understand that I will be notified and must give written permission of all field trips **off the facilities property** and have the right to decline any field trip or educational excursions at that time and my child will be cared for at Hill and Dale CDC. I also understand that no child can be dropped off or picked up during a field trip off the facilities property.

____ I understand that my child will participate in activities outside the facility that are limited to the property of 3720 E Tropicana that include but not limited to, activities such as Chapel Time, Vacation Bible School, nature walks, emergency drills, and program rehearsals in the Church, and will be chaperoned by a responsible adult at all times.

____ Should any accident occur while my child is away from the facility on the aforementioned trips, I shall not hold the child's caretaker, members of the facility and it's employees, nor any participating adult liable.

PARENTS RIGHT REVIEW COMPLAINTS

____ I am aware that I have the right to request and view any complaints the facility has received during the month my child enrolled and up to 12 months prior to my child's enrollment date.

Printed name Relationship to child

Signature of parent or Guardian Date