



Child Information



Program name _____ K8 _____ Date _____

Child Information

Child's name _____ Gender _____ Date of birth _____

Home street address _____ City _____ State _____
Oklahoma

Mailing address _____ City _____ State _____
Oklahoma

Finding directions _____ ZIP _____ County _____

Parent or guardian name, adult **whom child lives with** _____ Phone _____ Alternate phone _____

Place of employment _____ Business phone _____ Email _____

Parent or guardian name, adult **whom child lives with** _____ Phone _____ Alternate phone _____

Place of employment _____ Business phone _____ Email _____

Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

| Name | Phone |
|------|-------|
| | |
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Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Health Record

Child's physician or clinic

Phone

Street address

City

Oklahoma
State

ZIP

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?

Yes No

When yes, list:

Does the known allergy require special precautions, actions, or medications?

Yes No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?

Yes No

When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes No

Transportation

- I **do not** give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- When an emergency occurs and I cannot be reached
- Field trips
- To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- Other, specify:

Pick Up Permission

Individuals who have permission to pick up my child:

| Name | Phone |
|------|-------|
| | |
| | |
| | |

Signature

I understand this form is supplied by the Department of Human Services (DHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon DHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

Parent/guardian signature Date

Child Care Program Use

Date child entered program: _____ Date child withdrawn: _____