



3793 Commerce Court  
Wheatfield, NY 14120  
692-3113 / Fax 692-9678

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_

Emergency Contacts: (Within 20 miles of Center other than Parent/ Guardian)

Primary Emergency Contact (other than Parent/ Guardian): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Secondary Emergency Contact (other than Parent/ Guardian): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Person(s) authorized to pick up my child (Besides Parent/ Guardian/ Emergency Contacts)  
Name(s): \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_



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### Emergency Release

#### Consent to Emergency First Aid & Transportation:

I hereby give permission that my child \_\_\_\_\_ may be given  
Emergency treatment by a staff member at Small World Child Care. I also give permission  
for my child to be transported by car, ambulance to an emergency center for treatment,  
and agree to hold Small World and its employees harmless.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be  
administered to my child, in case of an accident or emergency, as prescribed by a treating  
physician, and hold Small World and its employees harmless.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Information

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Any Other Allergies: \_\_\_\_\_

Any Special Health Conditions: \_\_\_\_\_

### Field Trip Permission

I hereby request that my child \_\_\_\_\_, be permitted to participate  
in field trips, walks around the Business Park, or any other activities that would involve  
taking the child outside of the Center for his/ her benefit in attendance at this facility.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Persons Signing Contract are responsible for repayment:

Parent/ Guardian (Mother): \_\_\_\_\_

Parent/ Guardian (Father): \_\_\_\_\_



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I understand this is a legally binding contract, and I have read Small World Child Care's "Parent Handbook," and understand all of the above.

This Contract is made between

\_\_\_\_\_

And

\_\_\_\_\_

Katherine G. Edwards

For the care of the following child(ren)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Care will be provided for the following hours; not to exceed 9 hours per day unless special arrangements and fee agreement has been made:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

I agree to pay \$ \_\_\_\_\_ per week for the care of my child(ren).

Child Care tuition is due the first day your child attends the center for the week. This fee is charged for all days my child is schedules to attend regardless of holidays, sick days, or other absences. Credit for sick days will be credited for the following week.

I agree to abide by the overtime policies and fees set in the Parent Handbook.

All vacations (two week notice required), or scheduled absences are to be in writing.

Two week written notice required if terminating this contract.

I have received and read, understand and agree with the policies and procedures in the Small World Child Care Parent Handbook.

\_\_\_\_\_



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Parent/ Guardian

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Katherine G. Edwards

### Release Form

I hereby consent to the use of photography and/ or television filming taken of my child(ren) for the purpose of newspaper or public television publicity. We will inform all parents before any publication.

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Social Media Release Form

I hereby consent the use of photographs and/or videos taken of my child(ren) on a Small World social media page such as Facebook. We will inform all parents when pictures will be used. Children's names will not be posted or "tagged" anywhere on Small World's page. We also have security settings that will prevent others from doing so.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Get Acquainted Record

Child's name \_\_\_\_\_

Nickname \_\_\_\_\_

I have \_\_\_ brothers and \_\_\_ sisters, their name are: \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\*\*\*\*\*

Has your child ever been in child care before? \_\_\_ yes \_\_\_ no. If yes, please give the last providers information : Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates attended: \_\_\_\_\_ until \_\_\_\_\_. Why was care terminated? \_\_\_\_\_

May I contact them for a reference \_\_\_ yes \_\_\_ no

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Does your child have a regular bed time schedule? \_\_\_ yes \_\_\_ no

What time does your child usually go to bed at night? \_\_\_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_

Does your child have any trouble sleeping \_\_\_\_\_, night terrors \_\_\_\_\_, trouble going to sleep \_\_\_\_\_? Other \_\_\_\_\_

What time and for how long does your child usually nap? \_\_\_\_\_

Are there any special dolls, blankets, etc... that your child needs to fall asleep?

What is your child's disposition upon waking up? Happy, grouchy, clingy, slow

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Has or does your child have any known health problems? \_\_\_ yes \_\_\_ no. if yes, please describe: \_\_\_\_\_

Does your child need any regular medication? \_\_\_ yes \_\_\_ no. If yes, what and when is it given? \_\_\_\_\_



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Does your child have any known allergies?  yes  no. if yes, please list known allergens: \_\_\_\_\_

Special instructions in case of an allergic reaction: \_\_\_\_\_

Has your child had any of the following: chicken pox, measles, mumps, other communicable diseases \_\_\_\_\_

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches sore throats, nose bleeds, other \_\_\_\_\_

Are there any indications of hearing or vision problems?  yes  no

Does your child have any physicals or mental disabilities?  yes  no. If yes, explain \_\_\_\_\_

Do you have a backup plan if your child is ill and cannot attend or becomes ill and must be picked up?  yes  no

\*\*\*\*\*

What is your child's eating habits? (Mind trying new things, times usually eat, etc...)

Child's usual dining habits: (circle all that apply) high chair, booster seat, feeds self, uses utensils, bottle, sipper cup, regular cup, other \_\_\_\_\_

Does your child eat unaided?  yes  no Does he/she enjoy eating?  yes  no

Does your child have a special diet? \_\_\_\_\_

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods that should not be served to your child?  yes  no. If yes, please list: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Strong dislikes: \_\_\_\_\_

Will your child usually eat breakfast here or at home? \_\_\_\_\_

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Does your child receive any special services?  yes  no. if yes, please list \_\_\_\_\_

\_\_\_\_\_

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What are your expectations of this program and me?



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## Other Permissions and Information

### Newsletter and Communication

Our "Small World Newsletter" is sent every month by e-mail. To make delivery of this easier as well as for communication, please e-mail a "hi" to the [smallworld.director@outlook.com](mailto:smallworld.director@outlook.com) so we can save you in our contacts. We will also e-mail you a copy of our Parent Handbook.



### Quiet Time Permission

I am aware and permit my child \_\_\_\_\_ to sit or lie on a washable pad, plastic mat, cot, or crib during rest time at Small World Too Child Care .

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Sunscreen Permission

I, \_\_\_\_\_, give Small World Too Child Care permission to apply sunscreen to my child when needed for outside activities/play.

Date: \_\_\_\_\_

Parent name: \_\_\_\_\_



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Child name: \_\_\_\_\_