

5. Family Record

Parents' Marital Status:

Married and living together _____

Separated _____

Divorced _____

Spouse deceased _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Attend church regularly? _____ Attend church regularly? _____

Church name _____ Church name _____

Other family living with family (give name, age, relationship)

6. Other Information

Name of person(s) who may pick up your child (give name and relationship)

Family Information Form

The following information will be useful in planning your child's program and helping the teacher to know your child a little better. Confidential information is available only to the director.

Family members outside the home your child might mention _____

What are your child's interests? _____

Pet names (if any) _____ Playmates _____

What travel experience has your child had? _____

Which hand does your child use to cut? _____

Which hand does your child predominantly use? Right _____ Left _____

How does your child react to being left? _____

Which of these behavior traits have you observed in your child?

Shy _____ Friendly _____ Cooperative _____ Rebellious _____ Dominating _____

Curious _____ Generous _____ Willing to conform to requests _____

Does your child have any special abilities? Musical _____ Artistic _____

Does your child make-believe? _____

What are your child's favorite foods? _____

What activities does your child dislike? _____

Which of these does your child have, or is prone to:

Nail biting _____ Finger Sucking _____ Temper tantrums _____ Persistent crying _____

What are any unusual habits?

Are there any particular situations that make your child tense or anxious?

Has your child been in any other day care school or program? _____

What do you expect your child to gain from our program? _____

Does your child have any physical handicap that we should be aware of? _____

If so, please elaborate _____

Does your child have any coordination problems? _____

Any signs of:	YES	NO	Please elaborate
Language development	_____	_____	_____
Behavior problems	_____	_____	_____
Hyperactivity	_____	_____	_____
Seizures	_____	_____	_____
Is your child potty trained?	_____	_____	_____
Does your child have medication on a regular basis?	_____		

Any other important information _____

Thank you for your cooperation. We will do everything possible to make our Day Care a happy place for your child.

EMERGENCY INFORMATION

I, _____ give my permission to the doctors
at _____ or my family doctor,
(Name of nearest Emergency Room)
_____, in _____, to give treatment
to my child, _____ in the event I cannot be reached
in case of an emergency.

My address is _____ Phone _____

Child's Religion _____ Child's Age _____ Date of Birth _____

Known allergies are _____

Responsible Party _____ Relationship _____

Employer's address _____

Insured party's S.S. # _____

Hospital Insurance Information _____

Address _____

Phone _____

Family Physician's Name _____

Address _____

Phone _____

Dentist Name _____

Address _____

Phone Number _____

If guardians are unable to be reached please contact:

Signature of Responsible Party

Collection Agency Agreement

I understand that if my outstanding balance due to the center exceeds two weeks of tuition, then Greentown Wesleyan Daycare reserves the right to dismiss my child from the daycare and send my balance due to their collectors. I agree to pay the outstanding balance, any court costs, attorney fees, collection processing fees of \$50.00 and the required two weeks notice charges at full tuition rate as the center may incur in the case that the matter goes to court or to a collection agency. I also understand and agree that if I leave the daycare with an outstanding balance due and I do not pay it during my last week at the center, that the center reserves the right to charge my account late payment charges for every week that I was late in paying my bill.

Parent/Guardian Signature _____ Date _____