

Date of enrollment: _____

Date of discharge: _____

Noah's Ark Learning Center

Office use only: Class: _____

Child's Personal Data Sheet

Days: _____

Child's Name _____ Birthdate: ___/___/___ Gender: Male Female

Primary Caregiver: _____ Relationship to child: _____

Email address: _____

Home Address: _____ City, State, Zip _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Place of employment: _____ Work hours: _____

Secondary Caregiver: _____ Relationship to child: _____

Email address: _____

Home Address: _____ City, State, Zip _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Place of employment: _____ Work hours: _____

**Emergency Contact Information:

Name of person to call if parents cannot be reached: _____

Address: _____ City, State, Zip _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Is this person authorized to take the child from Noah's Ark? Yes _____ No _____

** List all other adults who are authorized to take the child from Noah's Ark:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

**MEDICAL INFORMATION:

Child's Physician or emergency treatment facility _____ Phone number _____

Address _____ City _____ State _____ Zip Code _____

I, _____, mother/father/guardian **(circle one)**

of _____, do hereby give my consent to the Director of Noah's Ark Learning Center, or her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature of parent or guardian _____ Date _____

Witness _____ Date _____

****Consents:**

I hereby give ___/do not give___ written permission for the use of suntan lotions/sunscreen for my child in permissible weather. In accordance with Minimum Licensing Requirements: DCCES/Child Care Licensing Unit: 11001101.17

Signature: _____ Date: _____

I hereby give ___/do not give ___ Noah’s Ark Learning Center permission to take photographs or video tape of my child for use in the facility.

I hereby give ___/do not give ___ Noah’s Ark Learning Center permission to place photos and/or video recordings of my child on social media or the Noah’s Ark Learning Center webpage.

Signature: _____ Date: _____

****Acknowledgements:**

This is a statement of verification that I have been informed that childcare licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes.

Signature: _____ Date: _____

This is to acknowledge that I have received a copy of or given the website address to the electronic version of a list of Kindergarten Readiness Skills for my child (3,4, and 5 Year olds).

Calendar: https://humanservices.arkansas.gov/images/uploads/dccece/DHS_RICalendar.pdf

Checklist: <http://arbetterbeginnings.com/parents-families/resource-library/kindergarten-readiness-checklist>

Signature: _____ Date: _____

This is a statement of verification that I have been informed of the behavior guidance policy practiced.

Signature: _____ Date: _____

This is a statement of verification that I have received information regarding Shaken Baby Syndrome in accordance with Carter’s Law (all parents of infants).

Signature: _____ Date: _____

****Pertinent Medical and Developmental Information:**

Immunizations: I have provided a copy of my child’s Immunization Record: Yes _____ No _____

Disease history: Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____

| | | |
|---------------------------------|--|---|
| Frequent colds: Yes ___ No ___ | Biting: Yes ___ No ___ | Temper tantrums: Yes ___ No ___ |
| Defective heart: Yes ___ No ___ | Seizures: Yes ___ No ___ | Contracted Tuberculosis: Yes ___ No ___ |
| Sun Sensitivity: Yes ___ No ___ | Diabetes: Yes ___ No ___ | Frequent ear infections: Yes ___ No ___ |
| Fainting spells: Yes ___ No ___ | Frequent throat infections: Yes ___ No ___ | |

Allergies: _____ Medications: _____

Physical or emotional concerns child might have _____

Other conditions or comments: _____

Special food needs: Formula _____ Diabetic diet _____ Other _____

Is child toilet-trained: Yes ___ No ___ Words used in toileting _____

Siblings? Yes ___ No ___ Name (s) and ages of siblings: _____

I, the parent/guardian of this child, understand that I may ask for a conference with the teacher/caregiver(s) as needed.

Signature: _____ Date: _____

I have received a copy of the handbook and agree to the policies therein. Signature: _____