

PARENT INFORMATION AND PERMISSION

2011-2012

(Please complete one form per child)

FAX: 952-848-3951

Class Section _____

Child Care _____

CHILD (first and last name)

PARENT/GUARDIAN

PARENT/GUARDIAN

Full Name: _____

Birth Date: _____

Home Address: _____

City, State, Zip: _____

Phone Numbers: Home: () _____ () _____

Work: () _____ () _____

Cellular: () _____ () _____

Pager: () _____ () _____

E-mail: () _____ () _____

EMERGENCY INFORMATION:

Doctor's Name: _____ Phone Number: _____

Doctor's Address: _____

Dentist's Name: _____ Phone Number: _____

Dentist's Address: _____

List two people authorized to pick up your child in case of illness/emergency if you cannot be reached:

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

1. What are your child's favorite activities? _____

2. How do you comfort your child? _____

3. What language is spoken in your home? _____

4. What word does your child use for urination? _____ For bowel movement? _____

5. What are your child's eating habits? _____

6. What are your child's sleeping habits? _____

7. **Does your child have any allergies?** _____

8. **Special needs we should be aware of?** _____

1. The Edina Family Center has my permission to call the doctor or dentist listed above if I am unavailable.
2. The Edina Family Center has my permission to call 911 in an emergency.
3. The Edina Family Center has my permission to use commercial baby wipes when changing a diaper.
4. The Edina Family Center has my permission to photograph my child and/or me in our ECFE class, child care and/or special events. I understand that the photos will be used exclusively to promote the ECFE program.

Parent signature: _____ Date: _____