

Authorized Person (other than parent) able to pick-up child:

1. Name _____ Phone: _____ Relationship to child _____ Driver's License # _____

2. Name _____ Phone: _____ Relationship to child _____ Driver's License # _____

Child's Physician Information

In the event, I/We cannot be reached to make arrangements for emergency medical attention at the time of illness or accidents, I/We authorize CT Kidz by the Hour LLC to transport my child to:

Name of Pediatrician: _____ ()
Office Address Phone Number

Name of Family Dentist: _____ ()
Office Address Phone Number

Hospital Preference: _____
City State

Child's Medical Insurance Coverage

Insurance Company's Name _____ Member/Policy Number _____
Policy Holder's Name _____ Employer's Name _____

Child's Health Information

Hygiene: Diapers Remind Trained

- | | | | |
|-------------------------------|-----|----|----------------|
| 1. Food Allergies | YES | NO | Explain: _____ |
| 2. Other Dietary Restrictions | YES | NO | Explain: _____ |
| 3. Medicine Allergies | YES | NO | Explain: _____ |
| 4. Insect Bite Allergies | YES | NO | Explain: _____ |
| 5. Other Allergies | YES | NO | Explain: _____ |
| 6. Take Medications | YES | NO | Explain: _____ |
| 7. Asthma | YES | NO | Explain: _____ |
| 8. Hearing/Vision Problems | YES | NO | Explain: _____ |
| 9. Past Health Problems | YES | NO | Explain: _____ |
| 10. Activity Restrictions | YES | NO | Explain: _____ |
| 11. Special Routines | YES | NO | Explain: _____ |
| 12. Usually Takes a Nap | YES | NO | Explain: _____ |

Program (Please circle and check one of the following categories)

INFANTS: Drop-In Full-time Part-Time M/T/W/TH/FR__ M/W/F__ T/TH__ FRI/SAT__ SPECIFIC DAYS _____

TODDLERS: Drop-In Full-Time Part-Time M/T/W/TH/FR__ M/W/F__ T/TH__ FRI/SAT__ SPECIFIC DAYS _____

TWOS: Drop-In Full-Time Part-Time M/T/W/TH/FR__ M/W/F__ T/TH__ FRI/SAT__ SPECIFIC DAYS _____

PRE-SCHOOL: Drop-In Full-Time Part-Time M/T/W/TH/FR__ M/W/F__ T/TH__ FRI/SAT__ SPECIFIC DAYS _____

SCHOOL-AGE: Drop-In Full-Time Part-Time M/T/W/TH/FR__ M/W/F__ T/TH__ FRI/SAT__ SPECIFIC DAYS _____

Begin Time: _____ End Time: _____ Varies _____

How did you hear about us? Life Publication Website Referral Flyer Internet Other: _____

Other Pertinent information you wish to share with us: _____

I give permission for the Director or Authorized Personnel to take necessary steps to ensure the safety of my child at all times and to obtain any necessary medical treatment in the event of an emergency as outlined in the parent handbook. _____ initials

I give permission for any properly trained staff member to apply first aid as needed for my child. _____ initials

I accept that CT Kidz by the Hour LLC is not responsible for any accident, injury, or mishap that occurs due to lack of pertinent

information. _____ initials

I give permission for my child to participate in all activities and use all play equipment involved with the program. _____ initials

I have read and understand the above information. I have received a parent handbook and have read and understand the information included therein. I have had the opportunity to ask questions.

_____ Signature _____ Signature

I hereby grant permission for m child to leave the Center premises under proper supervision for neighborhood walks (Day Program Only) _____ initials

I hereby grant permission for my child to be included in evaluations and pictures connected with the Center's program.

_____ initials