

Date Completed: _____

Date of Enrollment: _____

CHILD'S INFORMATION SHEET

To be completed, signed, and placed on file on the first day and updated as changes occur, and at least annually

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Address: _____

FAMILY INFORMATION:

Child lives with: _____

Guardian #1 Name: _____ E-mail: _____

Employer: _____ Cell Number: _____

Work Number: _____ Home Number: _____

Guardian #2 Name: _____ E-mail: _____

Employer: _____ Cell Number: _____

Work Number: _____ Home Number: _____

CONTACTS:

Child will be released to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this information sheet. In the event of an emergency, if the parents/guardians cannot be reached, the CJP has permission to contact the following individuals:

Name Relationship Phone Number 1 Phone Number 2

Name Relationship Phone Number 1 Phone Number 2

Name Relationship Phone Number 1 Phone Number 2

HEALTH CARE NEEDS:

For any child with health care needs, such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to this information sheet. The medical action plan must be completed by the child's health care professional. Medical Action plan must be updated annually and as changes occur. Is there a medical action plan attached? Yes _____ No _____

List any allergies, symptoms, and type of response required for allergic reactions: _____

List any health care needs, concerns, symptoms of, and type of response for the health care needs/concerns: _____

List any particular fears or unique behavior characteristics the child has: _____

List any types of medication taken for health care needs: _____

Please share any other information that has a direct bearing on assuring safe medical treatment for your child: _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional: _____ Phone Number: _____

Hospital preference: _____ Phone Number: _____

I, as the parent/guardian, authorize the CJP to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drugs or any medication without specific instructions from the physician, or the child's parent, guardian, or full time custodian.

Signature of Administrator: _____ Date: _____

IEP (Individual Education Plan)/ IFSP (Individual Family Service Plan) INFORMATION:

Does your child have an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)? _____

Has your child, in the past, or is he/she seeing a:

Speech Therapist: _____

Occupational Therapist: _____

Physical Therapist: _____

Counselor/ Therapist: _____

Are you willing to share the evaluation with your child's teacher? _____

OTHER INFORMATION:

Please detail any social or emotional experience of which you think your child's teacher needs to be aware. For example: birth difficulties, adoption, divorce, serious accidents or illnesses, losses, moves, ear infections. Etc. _____

How does your child react to new people and new situations? _____

Does your child exhibit any behaviors that are challenging or troublesome for you? _____

Other comments or concerns that you would like to share with your child's teacher: _____

ON-SITE FIELD TRIP PERMISSION:

We give our child permission to participate in field trips such as walks around the Shalom Park property and visits to the Temples. We understand that CJP teachers will supervise these field trips.

Signature of Parent/ Guardian: _____

Date: _____

PHOTO/ VIDEO/ SOCIAL MEDIA/ WEBSITE PERMSSION (CHECK THOSE THAT APPLY)

___ I give permission for my child to be photographed or videotaped by CJP staff members, who will be taking pictures & videos to be used in brightwheel communications from a secure, CJP-provided tablet.

___ I give permission for my child to be photographed, videotaped, and/or interviewed by employees of the CJP for marketing purposes, including social media (such as Facebook).

Signature of Parent/Guardian: _____

Date: _____

FAIRSHARE AGREEMENT

I understand my commitment to the CJP "Fair Share Program," and agree to volunteer for the designated hours. I further understand that it is my responsibility to log in my hours in order to receive credit for them. Please note that failure to participate in the Fair Share program has financial implications. For more information about the Fair Share program, please refer to the CJP Family Handbook.

Signature of Parent/ Guardian: _____

Date: _____

