



CHILD INFORMATION SHEET

Facility Name: KID SPACE, Inc.	Director's Name: John T. Garrett	
Child's Name:	Date of Birth:	Hm. Ph. #:
Child's Address:	City:	State: Zip:
Date of Admission:	Hours and days in care: Drop-In	
Parent's or Guardian's Name(s):		
Address(if different):		
Telephone numbers while child is in care:	Mother's	Father's Guardian's
Person to call in emergency (if cannot reach parents):	Name:	Relationship:
Address:	Ph. #:	
I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons: (Minimum of 2 other than parents required)		
Name:	Name:	Name:
Ph. #:	Ph. #:	Ph. #:

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph. #:
Name of Emergency Medical Care Facility:	Address:	Ph. #:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

In case of an event preventing a parent or guardian to pick their child up, you may authorize another individual to sign a child out by using a CODE WORD. You must give the staff prior warning as to who will be responsible for signing your child out and they must be informed of the CODE WORD prior to their arrival.

CODE WORD: _____

SCHOOL AGE CHILDREN: My child attends the following school and his/her immunization records are on file at the school, and the immunizations and tuberculosis test results are current. Vision and Hearing screening records are also on file.

Name of School and Address _____

School Ph. # _____

Yes , I acknowledge receipt of the "Discipline and Guidance Policy" and the "Kid Space Operation Policies."

Signature - Parent or Legal Guardian

Date