Member of ELEA

naeyc Accredited

SOUTH MIAMI LUTHERAN CHURCH SCHOOL

PLEASE ENSURE THAT EACH FIELD IS FILLED, IF NOT APPLICABLE, INDICATE WITH "N/A"

PLEASE CIRCLE ONE		For Official Use Only
Half Day: 7:00am – 12:00pm	Full Day: 7:00am – 6:00pm	Start Date: _____ HL RM

CHILD'S NAME:_____ DOB: _____ SEX: _____ HOME LANGUAGE: _____

ETHNIC ORIGIN: _____ RACE: _____ PREFERRED LANGUAGE OF COMMUNICATION: _____

CHILD'S PHYSICIAN: _____ PHONE #: _____

FIRST PARENT NAME: _____ SOCIAL SECURITY #: XXX-XX-_____

SECOND PARENT NAME: _____ SOCIAL SECURITY #: XXX-XX-_____

FIRST PARENT	
PHYSICAL HOME ADDRESS & ZIPCODE:	
HOME TELEPHONE #:	
EMPLOYER NAME:	
WORK #:	PAGER/ CELLULAR#:
E-MAIL ADDRESS:	
SECOND PARENT	
PHYSICAL HOME ADDRESS & ZIPCODE:	
HOME TELEPHONE #:	
EMPLOYER NAME:	
WORK #:	PAGER/ CELLULAR#:
E-MAIL ADDRESS:	

PERSON'S PERMITTED TO REMOVE CHILD FROM SCHOOL:			LEGAL CUSTODY:	
FIRST PARENTS:	YES_____	NO_____	YES_____	NO_____
SECOND PARENTS:	YES_____	NO_____	YES_____	NO_____
LEGAL GUARDIAN:	YES_____	NO_____	YES_____	NO_____

PERSONS TO BE CONTACTED IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY IF FOR SOME REASON THE PARENTS OR GUARDIANS CANNOT BE REACHED, AND ARE ALSO AUTHORIZED TO PICK UP THE CHILD FROM SCHOOL.

NAME:	RELATIONSHIP:	HOME PHONE #:	WORK PHONE #:

PLEASE NOTE ANY SPECIAL INFORMATION, INSTRUCTIONS, AREAS OF CONCERN, OR ALLERGIES:_____

_____

RELIGIOUS AFFILIATION:

CHILD'S RELIGION: _____ ATTENDS CHURCH?_____ SUNDAY SCHOOL?_____

WOULD YOU LIKE TO KNOW MORE ABOUT OUR CHURCH? YES_____ NO_____

WOULD YOU LIKE FOR SOMEONE TO CONTACT YOU? YES_____ NO_____

_____ DATE

_____ SIGNATURE OF PARENT OR GUARDIAN

Revised: 6/23/2014

CHILD'S NAME: _____
LAST *FIRST* *D.O.B.*

CHILD'S PERSONAL HISTORY:

TYPE OF BIRTH: NORMAL_____ PREMATURE_____ ANY COMPLICATIONS? _____

_____

DOES YOUR CHILD: CRAWL_____ WALK_____
HAS CHILD BEGUN TALKING: YES_____ NO_____
DOES CHILD SPEAK: WORDS_____ SENTENCES_____
WHAT LANGUAGE: ENGLISH_____ OTHER_____

CHILD'S HEALTH AND MEDICAL HISTORY:

WHAT COMMUNICABLE DISEASES HAS YOUR CHILD HAD?
MEASLES_____ MUMPS_____ CHICKEN POX_____ WHOOPING COUGH_____ FLU_____ MENINGITIS_____
OTHER ILLNESSES_____

ANY SERIOUS ILLNESS OR HOSPITALIZATIONS? YES____ NO____
ANY PHYSICAL DISABILITIES? YES____ NO____
ANY KNOWN ALLERGIES? (ASTHMA, HAY FEVER) YES____ NO____
ARE THERE MEDICATIONS GIVEN REGULARLY? YES____ NO____
ANY HEARING LOSS OR DIFFICULTIES? YES____ NO____
ANY VISION DIFFICULTIES? YES____ NO____
ANY SPEECH DISABILITIES? YES____ NO____

WHAT ARRANGEMENTS HAVE YOU MADE FOR CHILD'S CARE DURING ILLNESS?_____

_____

TOILET HABITS:

CAN CHILD BE RELIED UPON TO INDICATE BATHROOM WISHES: YES____ NO____
DOES YOUR CHILD HAVE FREQUENT TOILET ACCIDENTS: YES____ NO____
HOW DOES YOUR CHILD REACT TO THEM? _____

SLEEPING HABITS:

WHAT TIME DOES YOUR CHILD GO TO BED?_____ AWAKEN?_____
WHAT IS THE CHILD'S MOOD ON AWAKENING?_____
DOES YOUR CHILD NAP? MORNING_____ AFTERNOON_____
PLEASE GIVE US YOUR CHILD'S NAP SCHEDULE:_____

CHILD'S NAME: _____
LAST *FIRST* *D.O.B.*

SOCIAL RELATIONS/EXPERIENCE WITH OTHERS:

DOES YOUR CHILD SPEND TIME WITH BOTH PARENTS? YES_____ NO_____

DO BOTH PARENTS LIVE IN THE SAME HOME? YES_____ NO_____

IF PARENTS ARE SEPARATED, HOW OFTEN DOES YOUR CHILD SEE THE ABSENT PARENT? _____

_____

NAMES AND AGES OF OTHER CHILDREN IN HOME: _____

_____

HAS YOUR CHILD HAD EXPERIENCES PLAYING WITH OTHER CHILDREN? _____

BY NATURE IS CHILD: FRIENDLY_____ AGGRESSIVE_____ SHY_____ WITHDRAWN_____

HAS YOUR CHILD EVER ATTENDED SCHOOL? _____ DAYCARE?_____

IF THEY HAVE ATTENDED SCHOOL DID YOUR CHILD ADJUST EASILY TO THE CHILDCARE SITUATION?

_____

DOES YOU CHILD ENJOY BEING ALONE? _____

HOW DOES YOUR CHILD RELATE TO STRANGERS? _____

WHAT MAKES YOUR CHILD ANGRY OR UPSET? _____

HOW DOES YOUR CHILD SHOW HIS/HER FEELINGS? _____

WHO DOES MOST OF THE DISCIPLINING? _____

WHAT DO YOU FIND IS THE BEST WAY OF HANDLING YOUR CHILD? _____

_____

IS YOUR CHILD FRIGHTENED BY ANY OF THE FOLLOWING:

ANIMALS_____ DARK_____ STORMS_____ LOUD NOISES_____ OTHER?_____

IN WHAT PARTICULAR WAYS CAN WE HELP YOUR CHILD? _____

_____

WHAT ARE SOME OF THE WAYS YOUR CHILD PLAYS AT HOME? _____

_____

FAVORITE TOYS? _____

SPECIAL INTERESTS? _____

FAVORITE T.V. PROGRAMS? _____

DOES YOUR CHILD PLAY WELL WITH OTHER CHILDREN? _____

IS YOUR CHILD ENROLLED IN SPECIAL GROUP OR ACTIVITY? (DANCE, ART, ETC.)? _____

HOW OFTEN DO YOU READ TO YOUR CHILD? _____

NAME SOME FUN THINGS YOU DO TOGETHER: _____

_____

CHILD'S NAME: _____

LAST *FIRST* *D.O.B.*

SECTION 65E.22 REQUIRES THAT PARENT'S MUST RECEIVE A COPY OF THE CHILD CARE FACILITY BROCHURE "KNOW YOUR CHILD'S DAY CARE CENTER." THE PARENTS' OR LEGAL GUARDIANS SIGNATURE VERIFIES RECEIPT OF THE CHILD CARE BROCHURE. PLEASE COMPLETE THE FOLLOWING:

I, _____ HAVE RECEIVED A COPY OF THE CHILD CARE FACILITY BROCHURE, "KNOW YOUR CHILD'S DAY CARE CENTER."

_____ _____

DATE SIGNATURE OF PARENT OR GUARDIAN

SECTION 65E.22 REQUIRES THAT PARENTS ARE NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICES USED BY THE CHILD CARE FACILITY. THE PARENTS' OR LEGAL GUARDIANS SIGNATURE VERIFIES THAT THE PARENTS OR GUARDIANS HAVE BEEN NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICES OF THE CHILD CARE FACILITY. PLEASE COMPLETE THE FOLLOWING:

I, _____ HAVE RECEIVED IN WRITING THE DISCIPLINARY PRACTICES USED BY THE CHILD CARE FACILITY.

_____ _____

DATE SIGNATURE OF PARENT OR GUARDIAN

THE STATE OF FLORIDA REQUIRES THAT PARENTS ARE NOTIFIED IN WRITING OF THE "ALTERNATE LUNCH PROGRAM". THE PARENTS' OR LEGAL GUARDIANS SIGNATURE VERIFIES AGREEMENT WITH THIS PROGRAM.

I, _____, UNDERSTAND AND AGREE WITH THE USE OF THE ALTERNATE LUNCH PROGRAM. I AGREE TO PROVIDE A MEAL TO MEET MY CHILD'S NUTRITIONAL AND DIETARY NEEDS.

SOUTH MIAMI LUTHERAN SCHOOL WILL PROFICE SNACKS OR A QUALITY AND QUANTITY TO ASSURE THAT THE NUTRITIONAL NEEDS OF THE CHILD ARE MET.

_____ _____

DATE SIGNATURE OF PARENT OR GUARDIAN

_____ _____

NAME OF CHILD SIGNATURE OF DIRECTOR