

Child's Intake Information

The information will be confidential. It will be used to help your child's teachers to meet his or her needs. Please fill this out as completely as possible and it must be return before your child can attend the program.

Family

Childs Full Name _____

Parents Name _____

Sibling(s') Names (list all): _____

Language(s) spoken at home _____

Cultural practice: _____

Ethnicity: _____

Health Factors for Infants, toddlers, preschool and school age:

1. Does your child seem healthy most of the time? Yes /No:
2. Is your child taking any prescribes medication? Yes/No:
3. In the past year has your child had any ear infections? Yes/No
4. In the past year has your child had the flu? Yes/No
5. Does your child have allergies? Yes/No
6. Has your child had any serious accidents or injuries? Yes/No
7. Is your child potty trained? Yes/No

Eating (Fill this section out for infants, Toddlers, Preschoolers and School-age only)

8. My child cannot eat? Please list: _____
9. My child's likes to eat: _____
10. My child likes to drink: _____
11. How many times a day does your child eat? _____
12. Does your child feed him or herself? _____
13. How much milk does your child drink? _____

Fill this section out for Infants and toddlers

13. Is your baby nursing or on formula? _____
14. What is the name of the formula your child's is taking? _____
15. How many ounces per day does your child take? _____
16. How often do you feed your child? _____
17. For solid foods, how often does your child eat? _____
18. What types of solid foods do you give your child? _____
19. Does your child drink from a Sippy cup? Yes/No
20. Does your child use a pacifier? Yes/No

Napping/Sleeping for infants, toddlers, and preschool

21. How long does your child's take naps? _____
22. At what time does your child's usually take naps? _____
23. Do you have any special ways of helping your child to sleep (describe): _____
24. Does your children sleep with a blanket? _____
25. Does your child roll over on his or her stomach while sleeping (under 6 months): _____

Social/Emotional Development for infants, toddlers, preschool and school age

26. What is your child like? _____
26. How does your child like to be comfort? _____
27. How does your child express his or her feelings? _____
28. Is your child scared of anything? If so What: _____
29. How often does your child play with other children around his or her age: _____

Toileting for infants, toddlers and preschool.

30. Is your child toilet trained? _____
31. Does your child use training pant? _____
32. How does your child communicate when needing to use the bathroom (describe): _____
33. How often do you change your child have B.M or wet his or her diaper? _____
34. Does your child have toileting accident, if so how often? _____

Development for infants, toddlers and preschool

35. What does your child like to play with? _____
36. What does your child like to do? _____
37. What do you like to do with your child? _____
38. Does your child has special needs such as learning disability or behavioral disorder? _____

Note: *Before your child can attend the program you must bring in your child's Immunization (shot) records and Well Child-Check information.*

Parent Signature _____ **Date:** _____

Authorization for Non-Prescription Medication Products

All over-the-counter (OTC) products need parental permission for administration. However, some of these external products do not need to be documented every time you use them. The following is a list requiring parent permission.

TO BE COMPLETED BY PARENT

Child's Name: _____ Date of Birth: _____

The following external products may be applied to my child in accordance with the manufacturer's instructions *on the original container*:

- Diaper Wipes: Yes/No
- Diaper Cream: Yes/No
- Baby oil: Yes/No
- Sunscreen: Yes/No Specify if special brand: _____
- Insect repellants: Yes/No Specify if special brand: _____
- Lip Balm: Yes/No
- Toothpaste: Yes/No
- Soap: Yes/No
- Skin lotion/creams/Vaseline: Yes/No Specify if special brand: _____
- Others-Please specify: _____

Please Note: Baby powder is not recommended due to inhalation hazards. Teething gels are considered OTC medications not products (use Form M-200) Teething gels are not recommended and need to be used with extreme caution. They have been known to numb the throat which causes a potential choking hazard.

Parents/Guardian's signature required: _____ Date: _____

- Unused products: Returned to Parents? Yes/No **or** discarded appropriately (circle one)

By: _____ Date: _____

Field Trip Permission Form for Park

Dear parent:

Your son/daughter will be going to the nearby park as often as we can, when weather condition is appropriate. This activity will take place under guidance and supervision of employees of Hooyo Child Care Center.

(Program name)

Please complete, sign, and return the form to the center.

(Print Your Name and Signature)

(Date)

Photograph / Video / Social Media Permission Form

I give my permission to Hooyo Child Care Center, or any other third party authorized by the Center to photograph, videotape, or film my child while being involved in general organized activities at the Child Care Center's premises or away from it; during regular and/or extended hours; collaborating, or if is needed, by given guided interviews, testimonies or demonstrations.

I understand that these photographs, tapes or films, and their reproductions may be used by the Child Care Center for promotional or advertising purposes on their website, school displays, television, radio, general printed materials, and common social media channels and other network sites.

I grant Hooyo Child Care Center my permission to use and reproduce images of my child without the expectation of any compensation by the Child Care Center or any third party authorized by them on charge of preparing and distributing such material.

Child Name: _____

Parent's Name: _____

Signature: _____

Date: _____