

# MINI-WORLD CHILD CARE CENTERS

P - ID \_\_\_\_\_

C - ID \_\_\_\_\_

## CHILD INFORMATION

Last Name	First Name	Initial
Nickname	Date of Birth	Sex/Gender
Address	City/Zip Code	Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed		
Previous Child Care Programs/Schools Attended		
If this child attends MINI-WORLD and another school/program, please list		Grade

## PARENT(S)/GUARDIANS

Father/Last Name	First Name/Middle Initial	SSAN
Home Address	City/State/Zip	Home Phone
Place Employed	Work Phone	Cell Phone/Pager #
Mother/Last Name	First Name/Middle Initial	SSAN
Home Address	City/State/Zip	Home Phone
Place Employed	Work Phone	Cell Phone/Pager #
Person(s) having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

Center # 1            Center # 2            Center # 3            Center # 4

# MINI-WORLD CHILD CARE CENTERS

## EMERGENCY INFORMATION

Allergies or Intolerance to Foods, Medication, Other Substances (wasps, bees, etc.)		
Action to be Taken in an Emergency		
Child's Physician	Address	Phone
WE MUST HAVE TWO (2) ALTERNATE ADULTS TO CONTACT (OTHER THAN PARENTS) SHOULD AN EMERGENCY ARISE AN PARENTS CAN NOT BE CONTACTED, please list.		
Name	Address	Phone (Work & home)
Name	Address	Phone (Work & home)

## PICK-UP AUTHORIZATION

Please list below <b>ALL</b> persons <b>YOU AUTHORIZE</b> TO PICK-UP YOUR CHILD			
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Please list <b>ANYONE NOT AUTHORIZED</b> to pick-up your child (who may try). <b>NOTE: Appropriate Documentation must be attached if a PARENT is NOT AUTHORIZED!</b>			
Name	Relationship	Name	Relationship

1. **MINI-WORLD CHILD CARE CENTERS**, agrees to notify the Parent/Guardian whenever your child becomes ill. The Parent/Guardian agrees to arrange for the immediate pick-up of the child if so requested.
2. The Parent/Guardian **AUTHORIZES MINI-WORLD CHILD CARE CENTERS** to obtain immediate **MEDICAL CARE** should any **EMERGENCY** occur and the Parent/Guardian cannot be located. If there is any objection to our seeking Medical Care for your child, a written statement must be attached to the application stating your objection and the reason for such objections.
3. Other \_\_\_\_\_

### SIGNATURES

Parent/Guardian	Date	Parent/Guardian	Date
-----------------	------	-----------------	------

HEALTH HISTORY

NAME OF CHILD \_\_\_\_\_-ID# \_\_\_\_\_

ALLERGIES OR INTOLERANCE TO:

FOOD \_\_\_\_\_  
\_\_\_\_\_

MEDICATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER SUBSTANCES  
(BEES,WASPS,ETC.) \_\_\_\_\_  
\_\_\_\_\_

DISEASES:                      DATE DIAGNOSED    DATE DIAGNOSED

AIDS	_____	HEART DISORDER	_____
ASTHMA	_____	MEASLES	_____
CHICHEN POX	_____	MUMPS	_____
DIABETES	_____	PNEUMONIA	_____
DIPHThERIA	_____	RUBELLA	_____
OTHER	_____		

HAS YOUR CHILD EVER EXPERIENCED :

SEIZURES                      \_\_\_\_\_                      DATE \_\_\_\_\_  
OPERATIONS                      \_\_\_\_\_                      DATE \_\_\_\_\_

PLEASE LIST ANY CHRONIC PHYSICAL PROBLEMS , ANY PERTTINENT DEVELOPMENTAL INFORMATION AND ANY ACCOMMODATIONS NEEDED.

\_\_\_\_\_  
\_\_\_\_\_

PLEASE GIVE ANY OTHER INFORMATION OR MEDICAL HISTORY THAT WOULD BE BENEFICIAL TO US.

\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RELEASE OF INFORMATION**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

NAME  
of CHILD: \_\_\_\_\_

By my signature below, I \_\_\_\_\_, authorize the above named facility to release a copy of my child's School Entrance Examination and Immunization Certification, to Mini-World Child Care Centers.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Should you have any questions regarding this request, please contact the above named Parent/Guardian and/or Mini-World Child Care Centers.

Director's Signature \_\_\_\_\_

Phone \_\_\_\_\_

**PARENT/GUARDIAN CONTACT**

**PICK - UP AUTHORIZATION**

Child's Last Name \_\_\_\_\_

First Name \_\_\_\_\_ DOB \_\_\_\_\_

First Name \_\_\_\_\_ DOB \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Ext. \_\_\_\_\_

Other Name \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Ext. \_\_\_\_\_

**AUTHORIZED INDIVIDUALS TO PICK - UP**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**UNAUTHORIZED INDIVIDUALS TO PICK - UP**

- \_\_\_\_\_
- \_\_\_\_\_