



Child's Full Name: _____ **Date of Birth:**
____/____/____

Child goes by: _____ Age as of Sept 1, 2021: _____ (yrs)

Parents/Guardians: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Mother: Mrs. ___ Ms. ___ Dr. ___ **Father:** Mr. ___ Dr. ___

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Custodial Parent if divorced: _____

Is your child adopted? Yes: ___ No: ___ If so, does she/he know? Yes: ___ No: ___

Church family attends: _____

How did you hear about our program?



Primary Emergency Contact (other than parents):

Name: _____

Relationship to child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home
Phone: _____

Other Children in Family:

Name: _____ Age: _____

School: _____

Name: _____ Age: _____

School: _____

Name: _____ Age: _____

School: _____

Name: _____ Age: _____

School: _____

Name: _____ Age: _____

School: _____



Developmental Health History

This information is confidential and will only be seen by the Director and those teaching your child.

Allergies: _____

Does your child currently have any health problems? Yes__ No__

If yes, please explain: _____

Has your child had any health problems in the past? Yes__ No__

If yes, please explain: _____

Does your child take any medications regularly? Yes__ No__

If so, what and how often?

Does your child have any recurring chronic illness? Yes__ No__

If yes, please explain: _____

Is your child currently involved in any special programs, such as speech, hearing or behavioral therapy? Yes__ No__

If yes, please explain: _____



Does your child have any physical limitations? Yes__ No__

If yes, please explain: _____

Please tell us any concerns you have about your child's health or development:

Is your child on any special diet? Yes__ No__

If yes, please explain:

Emotional/Social Development

List three most dominant characteristics of your child:

1. _____

2. _____

3. _____

Does your child play well with other? Yes:__ No:__

Does your child play well alone? Yes:__ No:__

Does your child have a special toy, blanket, etc. that comforts him/her?

What term does he/she use for this comfort item?



Directory Wavier

Stephens Valley Church Parent's Day Out will publish a directory of your information (name, email address, phone numbers, and child's birthday) for distribution for PDO parents and teachers. Please sign below for permission, or to decline, for your information to be included in this publication.

I hereby: _____ Authorize _____ Do not Authorize

Child's Name

Parent/Guardian Signature

Date



EXEMPTION FROM LICENCING AGREEMENT

Please sign below that you are fully aware that SVC Parent's Day out is **NOT** a licensed program.

Parent/Guardian Signature

Date