

Kiddie Kampus

2017-18 INFORMATION FORM

Child's Name _____

Session
(Please circle)

AM

PM

Child's Nickname _____

Age at Potty Training _____

Please list any
siblings and
their ages

Other members
living in the
household
(Relationship & age)

Does your child
have special fears?

Please list any food/
drink ingredients
your child should
not have:

Please describe any
concerns you have
about your child's
development:

What other languages, if any, are spoken at home other than English?

What time does your
child wake up?

Go to bed?

Does your child nap?

Please Circle: Yes No

If yes, when?

What method(s) of
behavior control do
you use in the
home?

How does your
child respond to
this correction?

What are your
child's favorite
activities?

Has your child gone to preschool or daycare before? (If applicable)

What do you want
included in your
child's preschool
program?

Please checkmark (✓) skills your child has achieved. If marked with (*), write the age when your child accomplished those tasks.

Say his/her name	_____	State his/her age	_____	Count numbers/objects	_____
Follow simple instructions	_____	Name/identify colors	_____	Write name	_____
Plays well with others	_____	Name/identify shapes	_____	States/knows birthday	_____
Began walking*	_____	Became potty trained*	_____	Wiped self after restroom*	_____
Can strangers understand your child when he/she speaks? (Y/N)					_____

Please explain any stressful experiences, if applicable, which may affect your child's behavior (divorce, death, family illness, etc.)

Childhood illnesses: Please checkmark (✓) any symptoms your child *frequently* experiences

Colds/Runny nose	_____	Earache	_____	Sore throat	_____
Stomach ache	_____	Fever	_____	Any other? <i>(If yes, please explain below)</i>	_____

Allergies: Please provide information regarding any allergies your child may have

Allergen(s)	_____
Reaction symptoms	_____

Media Release: I grant to Kiddie Kampus, Upland United Methodist Church and its children's ministry, employees, and volunteers the right to take photographs, video, and/or electronic images of any member of my family in the children's ministry environment. I authorize the aforementioned entities to copyright, use, and publish (i.e. Facebook) the photographs, video, and/or electronic images in print and/or electronically—with or without our names—for any lawful purpose to highlight and promote Kiddie Kampus, Upland United Methodist Church and its children's ministry.

Yes, I agree to the Media Release statement. (Please sign and date below)

Parent/Guardian Signature	_____	Date	_____
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No, I do not agree to the Media Release. (Please sign and date below)

Parent/Guardian Signature	_____	Date	_____
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2017-18 EMERGENCY CONTACT

Child's Name	_____	Session <i>(Please circle)</i>	AM	PM
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Persons authorized to pick up your child

Parent/Guardian 1	_____	Phone	(____) _____
Parent/Guardian 2	_____	Phone	(____) _____
Caregiver Name	_____	Phone	(____) _____

Others who may pick-up your child (Name & relationship to child - i.e. "Sue Smith, Grandmother")

_____	Phone	(____) _____
_____	Phone	(____) _____
_____	Phone	(____) _____
_____	Phone	(____) _____

Persons to notify in case of emergency

(We will try to contact parents/guardians first. Please provide name and phone if parents/guardians cannot be reached)

Emergency Contact 1	_____	Phone	(____) _____
Emergency Contact 2	_____	Phone	(____) _____
Child's Physician	_____	Phone	(____) _____
Address	_____		
City	_____	State	_____ Zip _____
Hospital Preference	_____		

I hereby give my permission for Kiddie Kampus staff members to obtain the services of the doctor listed above (or another if your child's physician cannot be reached), area EMT Unit, or hospital in case the named student suffers illness or accident.

Parent Signature	_____	Date	_____
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