



CHILD'S PERSONAL DATA SHEET

Date _____

1. Name of child _____ Birth date _____

Home Address _____

City _____ State _____ Zip _____

Phone _____

Mother's name _____

Phone #: Home _____ Work _____ Cell _____

Email address _____

Employer _____ Work hours _____

Father's name _____

Phone #: Home _____ Work _____ Cell _____

Email address _____

Employer _____ Work hours _____

Why do you want your child to learn a second language? _____

If we have to change the existing schedule what other day and time would you prefer?

Day _____ Time _____

_____ Date _____

Signature of parent or guardian



2. Other contact in case of emergency:

Name _____ Relationship _____

Phone #s: Home _____ Work _____ Cell _____

Address _____

City _____ State _____ Zip _____

Is this person authorized to take the child from the center? _____

List all other adults who are authorized to take the child from the center:

_____	_____	_____	_____	_____	_____
Name	Relationship	Name	Relationship		
_____	_____	_____	_____	_____	_____
Address		Address			
_____	_____	_____	_____	_____	_____
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____
Phone		Phone			

3. Medical information:

Child's Physician or emergency treatment facility _____

Address _____ City _____ State _____ Zip _____

Phone _____

I, _____ (father/mother/guardian) of _____ (Child's name) do hereby give my consent to the Director of Larson's Language Center, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature _____ Date _____ Witness _____ Date _____

I hereby give _____ /do not give _____ the Director of the Larson's Language Center, or her appointed representative permission to give _____ (Child's name) acetaminophen. I understand I will be notified that the medication has been administered.

Signature _____ Date _____



4. Immunizations: Please provide a copy of your Child's Immunization Records. (If your child is in one of our programs held outside of our school, we do not need Immunization Records)

Verified by Health Department Record _____ Physician's Record _____ Other _____

5. Disease History: List the dates of each:

Measles _____ Mumps _____ German Measles _____

Chicken Pox _____ Whooping Cough _____

Contracted Tuberculosis: Yes ___ No ___ Frequent Ear Infections: Yes ___ No ___

Frequent Throat Infection: Yes ___ No ___ Defective Heart: Yes ___ No ___

Other Conditions or Comments _____

6. Child's developmental needs:

Physical or emotional problems the child might have:

Child's special food needs: Formula _____ Diabetic diet _____

Allergies _____

Special problems: Medications _____

Allergies _____ Temper Tantrums _____ Diabetes _____ Frequent colds _____ Biting _____

_____ Sun Sensitivity _____ Seizures _____ Fainting Spells _____ Bed wetting _____

Other _____

Favorite: Games _____ Toys _____ Foods _____

Siblings. Yes ___ No ___ Name(s) _____

Other useful information _____

Does your child require help in:

Dressing _____ Un-dressing _____ Toileting _____ Eating _____ Washing hands _____

Is child toilet trained? _____ Words used in toileting _____

Type of child care used before: _____

Does your child take a nap? _____ At what time? _____ For how long? _____

7. I, the parent or guardian of this child, understand that I may ask for a conference with the Director and/or instructors as needed.

_____ Date _____

Signature of parent or guardian

Additional comments:



PARENT'S CONSENT FOR PHOTOGRAPHY

Do we have your permission to include your child or children in photos or videos for TV or Newspaper coverage of our programs, or for promotional purposes? _____

I _____ will allow Larson's Language Center to include my child, _____ in photographs or videotape documenting our program activities for informational or promotional purposes.

Signature of parent or guardian

Date: _____

OUR DISCIPLINE POLICY

Larson's Language Center uses the following methods of discipline:

- RULES ARE ESTABLISHED FOR THE BENEFIT OF THE CHILDREN
- POSITIVE RE-ENFORMENT WILL BE USED
- RE-DIRECTIONS WILL BE GIVEN TO THE CHILDREN.
- IF INAPPROPIATE BEHAVIOR CONTINUES, A TIMEOUT MAY BE USED.

I have read and understand the discipline policy of Larson's Language Center. I give my permission for the use of all methods set out above.

Signature of parent or guardian

Date: _____

If the parent or guardian disagrees with any disciplinary method above, please list method preferred:

Signature of parent or guardian

Date: _____

PLEASE NOTE: Physical punishment shall not be administered to children.
(Minimum Licensing Requirements for Child Care Centers 500.2)
(Minimum Licensing Requirements for Day Care Family Homes 501.1)



Kindergarten Readiness Skills

We are required by Arkansas State law to provide a copy of the list of Kindergarten Readiness Skills, prepared by the Arkansas Department of Education, to the parents of all three and four year old children enrolled. (Act 825 of 2003).

Sign here to indicate that you have received a copy of the Kindergarten Readiness Skills, or will request one.

_____ Date: _____
Signature of parent or guardian

Child Interviews

In accordance with Arkansas Department of Health and Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit licensing requirements:

“Parents shall be informed in writing upon enrollment of their children that children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)”

Sign here to indicate that you have read the preceding statement.

_____ Date: _____
Signature of parent or guardian