

**DROP AND GO CHILDCARE
6 MOS - 5 YEARS
CHILD INFORMATION FORM**

Child's Name: _____

Birth Date: _____ Gender: Male _____ Female _____

Name of Mother/Guardian: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

Name of Father/Guardian: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

CHILD DEVELOPMENT/HEALTH INFORMATION

Allergies/Health

Does your child have any food/other allergies _____

Please specify: _____

Does your child take any medication regularly? _____

If yes: What type: _____ Dosage: _____

Does your child have any health problems or special needs: _____

Please specify: _____

Restroom Habits

Is your child toilet trained: Yes _____ No _____

Does your child use the restroom by themselves: Yes _____ No _____

Will they tell an adult when they need to go: Yes _____ No _____

Needs reminding: Yes _____ No _____

Any special words your child uses to indicate they need to go: No _____

Yes _____ (Please specify) _____

Diapering/Pull Ups/Potty Training

Does your child wear diapers or Pull Ups: Yes _____ No _____

Do you give permission for Over The Moon staff to change your child:

Yes _____ No _____

*If no, a parent will need to be contacted and asked to return for such changes.

Photographs

I grant Over The Moon Parenting, its representatives and employees the right to take photographs of my child, _____ and photographs may be used for publicity, illustration, advertising or for use in the classroom.

Signature: _____

Print Name: _____

Other

What other information would help us care for your child better:

Do you have any concerns about your child that we should be aware of:

***Please arrive on time so your little one can take a moment to adapt.**

****Please do not bring your child to school if your child has had a fever, diarrhea or vomiting within the last 24 hours.**

We take every precaution to ensure the safety of your child, however, accidents happen. Therefore, the undersigned does hereby agree to hold harmless and indemnify, Over The Moon Parenting and further release from any liability or responsibility, for accident, damage, injury, or illness to (child's name) _____ or to any family member or spectator accompanying the child on the premises. The above information on your child is true and valid and will be kept confidential. All necessary information for the safety of your child has been addressed.

Parent/Guardian Signature: _____

Date: _____

Copy of driver's license taken: _____ (Staff initials)

Who will be picking up the child? _____

If someone other than parent, copy of driver's license taken: _____ (Staff initials)

Over The Moon Parenting's Toddler Playschool, is an independent, privately owned program. We are not licensed by the MA Department of Early Education & Care however, our Playschool teachers are all Early Education & Care Certified.