CHILD INFORMATION SHEET

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 845 (12-2010)

Clear Fields

Every Early Childhood Program is required to have certain information on file. These requirements are set forth in the rules and regulations for Early Childhood Services as adopted by the North Dakota Department of Human Services. All information requested herein is required and shall be kept confidential.

Child's Name:	Date Child Enrolled:
Preferred or Nickname of Child:	Date Service Ended:
Birthdate:	Child's Home Telephone Number:
Name of Insurance Company:	Insurance Policy Number:
Mother's Name:	☐ Biological Mother ☐ Step Parent ☐ Other
Home Address:	
Home Telephone Number:	Cell Phone Number:
Place of Employment:	Employment Address:
Employment Telephone Number:	Hours of Work:
Father's Name:	☐ Biological Father ☐ Step Parent ☐ Other
Home Address (if different than mother's):	
Telephone Number:	Cell Phone Number:
Place of Employment:	Employment Address:
Employment Telephone Number:	Hours of Work:

EMERGENCY AUTHORIZATION

In case of an emergency and parents cannot be reached, who should be contacted?

Name:	Relationship to Child:	Work Telephone Number:	Home Telephone Number:
Name:	Relationship to Child:	Work Telephone Number:	Home Telephone Number:
Physician to Call in an Emergency:			
Name:		Clinic Telephone Number:	
Dentist to Call in an Emergency:			
Name:		Clinic Telephone Number:	

I hereby authorize the Early Childhood Program to secure emergency medical treatment for my child under the following conditions:

1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child, and
2. Reasonable attempts to contact me have failed.

Parent Signature:	Date:	Parent Signature:	Date:

(continue on next page)

AUTHORIZATION TO RELEASE CHILD

Unless otherwise authorized by you in writing, only the parent or legal guardian may pick up your child(ren) from the Early Childhood Program. List below any others you wish to authorize for this purpose.

Name:	Relation to Child:	Telephone Number:
Name:	Relation to Child:	Telephone Number:
Name:	Relation to Child:	Telephone Number:

These people are <u>NOT</u> allowed to pick up my child.

Name:	Relation to Child:
Name:	Relation to Child:

CHILD INFORMATION

Does your child have siblings? ☐ Yes ☐ No

Name:	Age:	Name:	Age:

List other people who play a significant role in your child's life:

Name:	Relationship to child:	Name:	Relationship to child:

List special toys or security objects that gives your child comfort? (Blankets, pacifiers, stuffed animals)

List any fears your child has:

Does your child need help in:

☐ Dressing ☐ Undressing ☐ Hand Washing ☐ Toileting ☐ Eating ☐ Bowel movements ☐ Urination

List favorite foods:

List foods child dislikes:

Describe favorite play experiences:

PARENT(S) STATEMENT ON DISCIPLINE

I understand, that at times some form of discipline may be necessary for my child(ren). I would prefer that my child(ren) be handled as described below: (According to child care licensing regulations discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praise for appropriate behavior, and gentle physical restraint, such as holding. Children may not be subjected to physical harm, fear, or humiliation. No child may be punched, spanked, shaken, pinched, bitten, roughly handled or struck by the child care provider or any other adult in the facility.)

For Operator Use Only:

The identification of this child has been verified. As proof of identification, the child's parent has produced:

☐ Copy of Child's Birth Certificate ☐ Child's Passport ☐ Other _____

Signature of Operator: