

NOTHWEST CHILDREN'S LEARNING CENTER
...An outreach of Northwest United Methodist Church
GENERAL INFORMATION FORM
SCHOOL YEAR 2018 – 2019

The information on this form is strictly confidential and will be used by the teaching personnel to help her/him better understand and work with your child.

Child's Name _____ Gender _____ Date of Birth _____ Child's Present Age _____

What is your child usually called? _____

Mother or guardian's name _____ Father or guardian's name _____

Please list all children in the family and their ages _____

Name of person(s) who has legal custody of child _____

Name of person(s) child lives with _____

Please indicate your child's ethnicity (this information is used for grant reporting purposes only):

- African American Native American/Alaska Native Asian Caucasian
 Pacific Islander/Native Hawaiian Latino Other _____

Child's primary language _____ Second language _____

Does your child understand English? _____

Development and Information

My child receives/received special services (e.g. First Steps, Speech Therapy, Occupational Therapy or Physical Therapy) Yes ____ No ____ If yes, please explain _____

Is your child sensitive or allergic to any foods, pollens, etc.? _____

Does your child nap? _____ If yes, how long and often? _____ Does your child tire easily? _____
please explain _____

Describe your child in one or two words _____

Characteristic behavior in a new situation _____

Your child's favorite activities and interests _____

Your child's favorite books _____

Your child's favorite indoor games _____

Your child's favorite outdoor games _____

Describe any fears your child has which we should be aware? _____

Parents' methods of overcoming fears _____

In what ways would you like your child's NCLC experiences to contribute to his/her growth and development?

Is there anything about your child that concerns you? _____

Have there been any occurrences concerning your child that you feel we should be aware?(e.g. premature birth, auto accident, severe illness, divorce, recent move, death in the family, etc.) _____

What are yours and your child's talents, interests, hobbies, or skills? (e.g. plays a musical instrument, scrapbooking, wood working, cooking, sewing, science, etc.) It would be greatly appreciated if you would arrange a time to come share your or your child's gift with the other children in the classroom. _____

(over)

Toileting

To what degree have bladder and bowel control been established? _____

If applicable: Does your child use diapers, pull-ups, and/or started toilet training? _____

Can your child help her/himself at the toilet? _____

My child needs what kind of bathroom assistance? _____

Additional comments regarding toileting _____

Previous Group Experiences

What type of program(s) has your child attended in the past? _____

Name of the program(s) _____ Length of involvement? _____

Please describe your child's overall reaction to group experiences _____

CHILD GUIDANCE/DISCIPLINE POLICY/COMMUNICATION - I have read and/or discussed the NCLC's approach to teacher-child interactions and discipline implemented by the Northwest Children's Learning Center teaching personnel. I understand that choices and logical consequences are utilized rather than punishment. Children are provided with encouragement rather than praise. According to state regulations, I understand that any disciplinary action taken will be communicated to the parents and noted in my child's record. I also understand that I will be notified of all significant occurrences or problems which affect my child. This includes, but is not limited to, notices regarding accidents, injuries, first aid, possible exposure to communicable diseases and prior notification regarding field trips.

Signature of Parent _____ Date _____

PHOTOGRAPHY PERMISSION — I grant permission for photographs of my child to be taken at NCLC and possibly used in the following ways:

_____ for NCLC classroom use by teachers (to document learning and activities)

_____ for college student projects (names will not be used)

_____ for media/marketing purposes (names will not be used)

Signature of Parent/Guardian _____ Date _____

SUNSCREEN PERMISSION (parent supplies) I give permission for teachers to apply sunscreen to my child to help prevent possible sunburn. I understand that I must provide the sunscreen, and due to accreditation standards, I will provide a sunscreen that is a minimum SPF 15 and has UVA/UVB protection. I agree to apply the sunscreen prior to or upon my child's arrival at Northwest. Northwest personnel will then apply/or facilitate application of subsequent sunscreen as needed before outside activities (primarily May through September).

Signature of Parent/Guardian _____ Date _____

AUTHORIZATION TO SHARE HEALTH INFORMATION – Northwest Children's Learning Center recognizes that health and medical information about your child is confidential. All records in your child's file (including health, development and contact information) are kept in a locked cabinet in the office and access to this cabinet is limited. All information pertaining to the admission, development, assessment, family and/or discharge of a child is confidential and will only be shared with personnel on a "need to know" basis. By signing below, I give office personnel and lead teachers permission to have access to _____'s health records.

Signature of Parent/Guardian _____ Date _____

NCLC PARENT HANDBOOK/TUITION - I have read the NCLC Parent Handbook and understand the policies and procedures outlined within. I agree to follow the NCLC tuition policy and understand that tuition must be paid in advance.

Signature of Parent/Guardian _____ Date _____

Please feel free to attach an additional page if more space is needed to share any information that will help us partner in our work with your child and family.