

**CHILD'S PERSONAL DESCRIPTION
ST. TERESA OF AVILA
PRESCHOOL/ MOTHER'S DAY OUT PROGRAM**

Child's Full Name _____ Prefers to be called _____

Birth Date ____/____/____

List the names and ages of brothers and sisters of this child:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Do you speak a language other than English at home? Yes _____ No _____

If yes, please specify what kind:

Is this child toilet trained? Yes _____ No _____

Specify what word they use for urination _____? Bowel movement _____?

Does this child sleep well? _____

What are this child's favorite indoor activities? _____

What are this child's favorite outdoor activities? _____

Does this child enjoy water play? _____

Are there any special fears this child has? _____

Does this child have any speech problems? _____

Does this child have any other special problems of which we should be aware?

What method of discipline is use in your home? _____

How would you describe your child's personality?

Is there any other information about your child – special likes or dislikes or ways you give care that would be helpful for our teachers in order to better care for your child?

**CHILD'S HEALTH STATEMENT
ST. TERESA OF AVILA
PRESCHOOL/ MOTHER'S DAY OUT PROGRAM**

Full name of child _____

MEDICAL HISTORY

Please list any and all allergies your child has:

Is there any evidence of:

Hearing loss or difficulties? _____

Vision difficulties? _____

Speech difficulties? _____

List any hospitalizations and/or surgeries:

Are there any serious illnesses the staff should be aware of? Please list.

List any medications and drugs taken regularly by the child. (Staff will not be responsible for administering and medication.)

Are all immunizations up-to-date? ____ Yes ____ No If no, reason: _____

Other remarks regarding physical conditions (include any bladder or urination problems).

I will update this file with any changes as they occur.

MEDICAL RELEASE

In the event of an emergency and my child has been injured at the Preschool/Mother's Day Out Program of St. Teresa of Avila Catholic Church AND I cannot be reached at the emergency number left, the staff at St. Teresa of Avila has my permission to seek medical treatment at the nearest Medical Clinic or Hospital.

Child's Doctor _____ Physician's telephone _____

Preferred Hospital _____

Parent's Signature _____ Date _____

St. Teresa of Avila
Photo release Form

Participant's name: _____

Birth date: _____ Gender: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

Mobile phone: _____ Email: _____

Photo Release for Internet and Newsletter: I hereby grant permission for photographs taken of my child during the St. Teresa of Avila's Preschool & Mothers' Day Out Program, to appear on one of the following communication medium of St. Teresa of Avila Catholic Church: *The Star of Carmel* Newsletter, or *www.st-teresa.com* (The website of St. Teresa of Avila Catholic Church).

I understand that images of my child will be used only in relation to these publications relevant to this liability form. Any other use of said images will require my full written consent.

My signature confirms my approval of said photos and recognition of my consent.

Signature of Parent: _____ Date: _____

**St. Teresa of Avila
Preschool/Mother's Day Out Program**

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date

**ST. TERESA OF AVILA
PRESCHOOL/ MOTHER'S DAY OUT PROGRAM**



Parental Agreement

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.

I have received a copy and agree to abide by the policies and procedures as outlined in the Parent Handbook.

Signature (Parent/ Guardian)

Date