

## AUTHORIZATION TO RELEASE CHILD

CHILD'S NAME: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_

In case of an emergency, or if I am unable to pick up my child I, \_\_\_\_\_ parent/ guardian authorize First Steps Preschool to release the above referenced child to the following persons. I understand that no further written authorization from me is required for my child to be released to one of the persons listed herein. **I understand that additions or deletions to this list must be submitted in writing for this agency to honor them.** Parents, due to the nature of the parental relationship, need not be included on this form. Parents, as a matter of law, are afforded the right of immediate access to their children while attending First Steps Preschool Please refer to the Parent Handbook for more information on the Release of Children and Custody Orders. If there is an issue with a parent picking up this child please discuss it with the center director so the appropriate documentation can be obtained.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Please include anyone upon whom you may call in an emergency to help you with picking up your child. We have given four spaces, please copy this form or use additional pages as necessary. For the safety of your child, please inform all authorized pick up persons listed herein that we will ask for a government issued photo ID when they arrive to pick up your child. If they do not have a government issued photo ID with them we WILL NOT release your child to them under any circumstance.**

NAME:	RELATIONSHIP TO CHILD:
DRIVERS LICENSE NO.:	HOME PHONE:
CELL PHONE:	WORK PHONE:

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This form must be updated at least every six months.

# CHILD/FAMILY HISTORY

First Steps Preschool requires this information to assist the staff in making your child's time with us as positive and interactive as possible. The questions listed here are a guide. If you feel there is anything we should know about your child, in order to provide a safe and effective child care experience, please use the back of this form or an additional sheet of paper to elaborate. First Steps Preschool is committed to offering each child and family a positive, safe and interactive child care experience, cooperation with each child's parent(s) and/or guardian(s) is necessary to accomplish this commitment.

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME & AGE OF SIBLINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD'S PETS: \_\_\_\_\_

CHILD'S FAVORITE ACTIVITY: \_\_\_\_\_

CHILD'S FAVORITE TOY: \_\_\_\_\_

CHILD IS FRIGHTENED BY: \_\_\_\_\_

CHILD'S FAVORITE FOOD & DRINK: \_\_\_\_\_

CHILD SELF SOOTHES BY: \_\_\_\_\_

PLEASE DESCRIBE CHILD'S BEDTIME ROUTINE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE CHILD'S MORNING BEFORE ARRIVING AT CHILD CARE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALL PERSONS WHO LIVE WITH CHILD & THEIR RELATIONSHIP TO CHILD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY PREVIOUS EXPERIENCE CHILD HAS IN CHILD CARE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE A COURT ORDER AFFECTING THIS CHILD? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PARENT/GUARDIAN **MUST PROVIDE A CERTIFIED COPY** OF COURT ORDER BEFORE CHILD MAY ATTEND PROGRAM. IF NO, PLEASE BE AWARE THAT AS PER THE LAW, BOTH PARENTS WILL BE AFFORDED IMMEDIATE ACCESS TO THE CHILD. PLEASE REFER TO PARENT HANDBOOK FOR FURTHER EXPLANATION OF THIS POLICY OR SPEAK WITH CENTER DIRECTOR.

DOES THE CHILD HAVE ANY SPECIAL NEEDS? PLEASE LIST ANY SOCIAL, EMOTIONAL, BEHAVIORAL, PHYSICAL, OR LEARNING DISABILITIES, MEDICAL REQUIRMENTS, FOOD OR ENVIRONMENTAL ALLERGIES AND/OR IEP'S: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Steps Preschool complies with all laws and regulations regarding servicing children with special needs including but not limited to the Americans with Disabilities Act. First Steps Preschool will provide a reasonable accommodation for those children who have a documented disability and whose parents work closely with First Steps Preschool to determine a reasonable accommodation.

# EMERGENCY CONTACT INFORMATION

## CHILD'S INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PCP Address: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Insurance Carrier: \_\_\_\_\_ ID No.: \_\_\_\_\_

**First Steps Preschool is authorized to obtain emergency transportation to and/or emergency medical care for the above listed child at the nearest hospital's emergency room, or at the emergency room the EMS/Ambulance Service is required to transport patients to at the time of emergency.**

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

**Please attach a separate sheet of paper for additional Medical Professional information as necessary due to your child's unique medical needs.**

## MOTHER/GUARDIAN'S INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

CAR: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate: \_\_\_\_\_ Driver License State/No: \_\_\_\_\_

## FATHER/GUARDIAN'S INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Schedule: Days & Hrs: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

CAR: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate: \_\_\_\_\_ Driver License State/No: \_\_\_\_\_