



# Saint Michael's Child Care Child Record

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_ Date Care Ceased: \_\_\_\_\_

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Parent or Guardian's Home Address and Employment Address:

Father (or Guardian):

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Mother (or Guardian):

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Sibling Names and Ages: \_\_\_\_\_  
\_\_\_\_\_

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Persons to whom the child may be released by Saint Michael's Child Care (if no one, please write "none".)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

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Person who will take responsibility for the child in an emergency when the parent (or guardian) cannot be reached: (One name must be given.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

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Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to Saint Michael's Child Care to contact:

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

And if necessary, take my child to the following physician's office or hospital:

\_\_\_\_\_

Child's Medical Information:

Current health status or health problems caregiver should know: \_\_\_\_\_

\_\_\_\_\_

Medications taken (if any and why): \_\_\_\_\_

\_\_\_\_\_

Physical limitations, allergies and/or intolerances (including food), etc: \_\_\_\_\_

\_\_\_\_\_

Any fears or habits child care staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

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Transportation Permission:

I hereby  give  do not give Saint Michael's Child Care permission to transport or arrange for transportation for my child to and from field trips.

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Photography, Social Media and Publication Permissions:

I hereby  give  do not give Saint Michael's Child Care Director and Hastings Catholic Schools Marketing Director permission to take my child's picture throughout the year.

I hereby  give  do not give Saint Michael's Child Care Director and Hastings Catholic Schools Marketing Director permission to use my child's picture on the: (please mark all that apply)

Saint Michael's Child Care Facebook Page

Hastings Catholic Schools Facebook Page

Hastings Catholic Schools Instagram

Saint Michael's Child Care Publications

Hastings Catholic Schools Publications

Hastings Catholic Schools Webpage

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I/We have received and read Saint Michael's Child Care Handbook and agree to abide by the rules set forth in it.

Father's Printed Name: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Printed Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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I certify that the above information is correct to the best of my knowledge.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_