

**LITTLE KIDS VILLAGE
INFANT/TODDLER DEVELOPMENTAL HISTORY**

CHILD'S NAME _____ **PARENT'S NAME** _____

BIRTHDAY _____ **GENDER** M F

1) DOES YOUR CHILD SEEM WELL MOST OF THE TIME? YES NO

2) IS YOUR CHILD TAKING ANY MEDICATIONS NOW? YES NO

IF YES, WHAT? _____ **WHY?** _____

NAME OF CHILD'S DOCTOR _____ **(PH)** _____

ADDRESS _____ **HOSPITAL** _____

3) IN THE PAST YEAR HAS YOUR CHILD HAD MORE THAN 3 EAR INFECTIONS? YES NO

4) ARE YOU CONCERNED ABOUT YOUR CHILD'S HEARING? YES NO
EXPLAIN _____

5) IN THE PAST YEAR HAS YOUR CHILD HAD MORE THAN 3 COLDS OR THROAT INFECTIONS WITH FEVER? YES NO

IF YES PLEASE

EXPLAIN _____

6) ARE YOU CONCERNED ABOUT YOUR CHILD'S VISION? YES NO

7) HAS YOUR CHILD BEEN SEEN BY A MEDICAL SPECIALIST? YES NO
IF YES, FOR WHAT _____

NAME OF SPECIALIST _____

8) DOES YOUR CHILD HAVE ANY HANDICAPS? YES NO

PLEASE

DESCRIBE _____

9) DOES YOUR CHILD HAVE ANY DISEASES? YES NO

IF SO WHAT? _____

20) HOW FREQUENTLY DOES YOUR CHILD HAVE A BOWEL MOVEMENT? _____

21) DOES YOUR CHILD GET A DIAPER RASH? YES NO

**LITTLE KIDS VILLAGE #(2)
INFANT/TODDLER PERMISSION FORM**

I AUTHORIZE LITTLE KIDS VILLAGE #(2) TO PROVIDE FIRST AIDE TREATMENT TO MY CHILD IN CASE OF AN ACCIDENT. I ALSO AUTHORIZE THE SCHOOL IN MY ABSENCE TO CALL EMERGENCY 911 TO HAVE MY CHILD TRANSPORTED TO THE MOST APPROPRIATE MEDICAL FACILITY. A STAFF PERSON FROM THE CENTER WILL ACCOMPANY THE CHILD AND PARENTS WILL BE NOTIFIED IMMEDIATELY IN CASE OF AN EMERGENCY.

AS PARENT, I WILL NOTIFY THE CENTER OF ANY CHANGES TO MY ADDRESS, EMPLOYER, WORK SCHEDULE, WORK HOURS, AND PHONE NUMBERS.

I HAVE RECEIVED A COPY OF THE PROGRAMS PARENT HANDBOOK, GUIDANCE AND DISCIPLINE POLICY. I ACCEPT AND UNDERSTAND ALL POLICIES AND PROCEDURES. I GIVE CONSENT FOR THE PROGRAM DIRECTOR TO VIDEOTAPE, FILM, AND TAKE PICTURES OF MY CHILD FOR PROMOTION OR SECURITY PURPOSES. I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN PRAYER BEFORE MEALS.

I GIVE PERMISSION FOR LITTLE KIDS VILLAGE#(2) TO TAKE MY CHILD OUTSIDE (IF WEATHER PERMITS) FOR NATURE WALKS/ AND OR PLAYGROUND ACTIVITIES. PARENTS MUST PROVIDE A STROLLER.

PARENT'S SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____