

Pinewood Playhouse Intake Sheet

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M/F \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Parent 1 Workplace \_\_\_\_\_ Parent 2 Workplace \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Who will have the authority to pick up the child? \_\_\_\_\_

NOTE: Child will not be released to any other person without a signed release from the custodial parent or legal guardian.

EMERGENCY CONTACT: Two friends or relatives who can be contacted if parent(s) can not be contacted. (Note: 2 contacts are required by State Licensing)

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

1. Address \_\_\_\_\_ 2. Address \_\_\_\_\_

1. Phone \_\_\_\_\_ 2. Phone \_\_\_\_\_

State regulations require that a copy of your child's current IMMUNIZATION RECORD be on file with us. Please attach a copy.

Does your child have any eating problems or food dislikes? (explain)

\_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

\_\_\_\_\_

What are your child's fears? \_\_\_\_\_

Please check what your child already knows.

COLORS: Red \_\_\_\_\_ Orange \_\_\_\_\_ Yellow \_\_\_\_\_ Green \_\_\_\_\_ Blue \_\_\_\_\_ Purple \_\_\_\_\_

SHAPES: Square \_\_\_\_\_ Triangle \_\_\_\_\_ Rectangle \_\_\_\_\_ Circle \_\_\_\_\_

Recognize CAPITAL letters: None \_\_\_\_\_ Some \_\_\_\_\_ All \_\_\_\_\_

Recognize small letters: None \_\_\_\_\_ Some \_\_\_\_\_ All \_\_\_\_\_

Recognize Numbers 1 to 10: None \_\_\_\_\_ Some \_\_\_\_\_ All \_\_\_\_\_

Knows letter sounds: None \_\_\_\_\_ Some \_\_\_\_\_ All \_\_\_\_\_

Recognize own name if printed: Yes \_\_\_\_\_ No \_\_\_\_\_

Can child print own name: Yes \_\_\_\_\_ No \_\_\_\_\_

Further information which could be helpful in understanding your child

\_\_\_\_\_

Office use: start date \_\_\_\_\_ Withdraw date \_\_\_\_\_

PINEWOOD PLAYHOUSE MUTUAL AGREEMENT

PINEWOOD PLAYHOUSE'S STATEMENT

We promise to give your child careful attention and affectionate care. We promise to provide stimulating, fun, learning experiences. We will challenge but not coerce learning. We promise our cooperation in planning for the needs of your child.

THE PARENT'S STATEMENT

I/we will report any change of address, home phone, place of employment and emergency contact numbers. I/we will inform you at least two weeks in advance before removing the child from Pinewood Playhouse. I/we will inform you of any illness or contagious disease the child might have which could affect the other children.

I/we have read the above, the fee schedule, the rules, and other information sheets and agree to abide by them.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY MEDICAL AUTHORIZATION

I, \_\_\_\_\_ (mother, father, legal guardian) of

\_\_\_\_\_ (son/daughter), presently age \_\_\_\_\_, do hereby give my permission and consent to the daycare provider to secure and authorize such medical care and / or treatment and any transportation necessary to provide such care as my above named child may require while under the supervision of said care provider. I also agree to pay all costs and fees on any emergency medical care and / or treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to contact parents immediately in case of an emergency. In the event of an emergency it may be necessary to have the following information:

Name of Physician: \_\_\_\_\_

Physician's Address \_\_\_\_\_ Telephone \_\_\_\_\_

SIGNATURE of parent or legal guardian \_\_\_\_\_

SIGNATURE of witness (director) \_\_\_\_\_

DATED this \_\_\_\_\_ Day of the MONTH of \_\_\_\_\_, 20\_\_\_\_\_.