



BOYD COUNTY LIONS

Child/Parent/Guardian/Family Information:

Child's Name: _____

Birth Date: ____/____/____ SSN: ____-____-____

School Currently Attending: _____

Mother's Name: _____

Does the child reside with you? Yes No

Address: _____

Home #: _____ Cell #: _____ Email: _____

Place of Employment: _____ Work #: _____

Work Schedule: M: _____ T: _____ W: _____ TH: _____ F: _____

Father's Name: _____

Does the child reside with you? Yes No

Address: _____

Home #: _____ Cell #: _____ Email: _____

Place of Employment: _____ Work #: _____

Work Schedule: M: _____ T: _____ W: _____ TH: _____ F: _____

Person/s with whom the child lives with: _____

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Individuals to contact in the case of an emergency:

_____ Phone: _____
_____ Phone: _____
_____ Phone: _____
_____ Phone: _____

Does your child have any food allergies? No Yes _____

Does your child have any dietary restriction? No Yes _____

Does your child have any special needs? No Yes _____

Does your child receive any special services? No Yes _____

Will your child receive services at the center? No Yes _____

Name of service provider and frequency: _____

My child has permission to be released to the following individuals or transportation services in addition to the emergency contact people listed above. (Please notify all individuals that they may be asked to show proof of identity)

• Name	• Relationship

The child care center must be provided with a legal document if a specific parent/ person is NOT allowed to pick up this child.

• Name of Person(s)	• Relationship to the child

Parent Signature: _____

Date: _____

Emergency Information
Boyd County Child Care

Emergency Information for: _____ Home#: _____

SSN #: ____-____-____ Sex: _____ Date of Birth: ____/____/____

Student Address: _____

Father: _____ Contact Number _____

Mother: _____ Contact Number _____

List up to four neighbors or nearby relatives authorized to pick your child up at childcare or assume temporary care of your child if you cannot be reached.

1. Name: _____ Relationship: _____ Phone _____

2. Name: _____ Relationship: _____ Phone _____

3. Name: _____ Relationship: _____ Phone _____

4. Name: _____ Relationship: _____ Phone _____

Please advise the childcare promptly of any changes in information given on this card.

Date: _____

In case of accident or serious illness, I request a Boyd County Child Care Official to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian: _____

Remarks: _____

Please list any major disability your child has:

	Examples	•
•	Diabetes	•
•	Heart	•
•	Kidney Disease	•
•	Extreme Allergies	•
•	Other:	•

• Local Physicians Name _____

• Office Number: _____

Permission Slips

Watching Movies

- Occasionally in child care we allow the children to watch movies. These movies are carefully selected and age appropriate for all children.
- ONLY G-rated movies are permitted to be shown at all Boyd County Child Care Centers.

I give my child (print) _____, permission to watch movies shown at child care that are G-rated.

Parent/ Guardian: _____

Date: _____

Permission Slip

I agree to permit the child named below to participate in the following activities:

- | | | | |
|--|-----|----|-----|
| • Have his/her picture taken while at child care | Yes | No | N/A |
| • Any other activities sponsored by the center | Yes | No | N/A |

Child's Name: _____

Parent/ Guardian Name (print): _____

Parent/ Guardian Name Signature: _____

Date: _____

Boyd County Child Care Health Policy

For the comfort and protection of all children and workers, no child with the following symptoms is admitted to a center:

- Fever (over 100 degrees)
- Rash/ Poison ivy
- Headache
- Sore Throat
- Chronic croup cough
- Vomiting
- Diarrhea
- Eye infection (pink eye) or Ear infection
- Communicable Diseases
- Yellow/ Green runny nose
- No-Nit/ Lice

If your child becomes ill at a child care center, you will be contacted and expected to make arrangements for the child to be picked up. **Your child will not be allowed to return to child care until twenty- four (24) hours are the illness or fever has subsided without the aid of medication.** In case of serious illness, a doctor's note indicating it is okay for the children to return will be required.

I have read and understand the Boyd County Child Care healthy policy. I will make arrangements for my child to be picked up promptly when called. **My child will not be allowed to return to child care until twenty-four (24) hours after the illness has subsided.**

Parent/ Guardian (print): _____

Parent/ Guardian Signature: _____

Date: _____

Boyd County Child Care Parent/ Child Agreement

I have read the information provided in the Boyd County Child Care Handbook. I understand the policies and procedures and have discussed them with the student. I agree to follow the rules as indicated in the handbook and to keep all information updated in my child's file. I agree to pay my child's account in FULL weekly/biweekly as stated in the Boyd County Child Care Handbook. I understand that if I don't pay my account in full as stated, my child will NOT be permitted to return to the child care center until I have paid my account in full.

Parent/ Guardian (print): _____

Parent/ Guardian Signature: _____

Date: _____