



CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

| Child's Information | | | |
|---|----------------------|---|----------------------|
| Child's name: | Date of birth: | Date of enrollment: | Date of discharge: |
| Child's address: | | Hours and days child is scheduled to attend: | |
| Parent/Guardian Information (1) | | Parent/Guardian Information (2) | |
| Emergency Contact/Authorized to Pick-up Child | | Emergency Contact/Authorized to Pick-up Child | |
| Name: | | Name: | |
| Address, if different from child's: | | Address, if different from child's: | |
| Home phone: | Cell phone: | Home phone: | Cell phone: |
| Work phone: | Hours of employment: | Work phone: | Hours of employment: |
| Employer name and address: | | Employer name and address: | |
| Additional Emergency Contacts and People Authorized to Pick-up Child | | | |
| Name: | Address: | Phone: | |
| Name: | Address: | Phone: | |
| Name: | Address: | Phone: | |

Emergency Medical Care

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

Signature of parent/guardian

Date

| Medical Information | |
|--|--|
| Name of child's physician: | Office phone: |
| Special medical information, medications, allergies, diet: | Health insurance identification information: |

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.



CENTER CHILD ACKNOWLEDGMENT AND PERMISSION

PARENTS RIGHT TO KNOW NOTICE

UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: Ms. Ann Marie Bercy, Office of Child Care Licensing, 4315 Lancaster Pike, Building #18, Wilmington, Delaware 19805, (302)892-5800.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent/Guardian Signature

Date

SCREEN TIME PERMISSION

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent/Guardian Signature

Date

PHOTO RELEASE

I hereby give permission for photographs of my child to be used in the classroom as well as HAC Preschool publicity.

Parent/Guardian Signature

Date

SUNSCREEN

I hereby give permission for HAC Before and After Care to apply sunscreen, when I provide, for my child.

Parent/Guardian Signature

Date

YES CLASS TRANSPORTATION

I hereby give permission to transport my child to any HAC "YES" classes that may occur during Lunch Bunch or Extended Care.

Parent/Guardian Signature

Date