



2011-2012 ADMISSION AND MEDICAL INFORMATION

(Emergency information, written authorization to release child, physician's report, immunization and medical release)

THIS FORM MUST BE COMPLETED AND RETURNED BEFORE YOUR CHILD STARTS SCHOOL.

EMERGENCY INFORMATION

Child's Full Name _____ Birth Date _____

Parent#1 _____ Parent #2 _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Employer _____ Employer _____

Address _____ Address _____

Business Phone _____ Business Phone _____

EMERGENCY CONTACTS (persons other than parent/guardian to be notified in an emergency situation when parent/guardian cannot be reached):

Name _____ Name _____

Relationship _____ Relationship _____

Business Phone _____ Business Phone _____

Home Phone _____ Cell # _____ Home Phone _____ Cell # _____

I hereby authorize Becker Early Childhood Center to allow my child to leave the premises ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID:

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

PLEASE SEE BACK OF FORM

MEDICAL INFORMATION:

Please list any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which Becker should be aware of:

ALLERGIES: (To what agent, type of reaction, treatment) _____

Prescription Drugs Currently Taking _____

IMMUNIZATION RECORD (REQUIRED FOR ATTENDANCE):

- I have provided Becker Early Childhood Center with a copy of my child's most current immunization record. (See attached form or obtain form from a health care professional). **AND**

ADMISSION REQUIREMENT: One of the following must be presented **before** your child attends Becker Early Childhood Center.

Please check only one option:

- a. **HEALTH-CARE PROFESSIONAL STATEMENT:** I have examined the above-named child within the past year and find that he/she is able to take part in the program.

Health Care Professional Signature

Date

- b. A signed and dated copy of a statement from a health care professional is attached.

Name and address of health care professional:

In the event I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Becker Early Childhood Center to take my child to:

Name of Physician, Address and Phone _____

Name of Emergency Medical Facility, Address and Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Becker Early Childhood Center to secure emergency medical and/or emergency surgical treatment for the above named minor child while in their care. Non-emergency medical treatment or elective surgery is not included in this authorization. I understand that I am responsible for paying all medical costs incurred. All families are required to carry medical insurance or by signing below accept full responsibility of any and all medical costs for their child.

Name of Health Insurance Carrier: _____

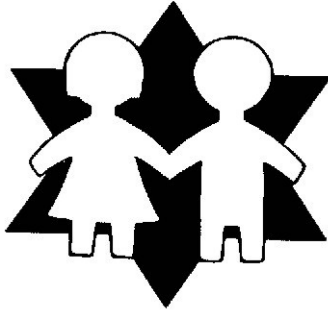
Policy Number: _____

Signature of Parent or Legal Guardian

Date

THE AUTHORIZATION GRANTED BY THIS FORM WILL BE USED ONLY WHEN ABSOLUTELY NECESSARY AND ONLY AFTER EVERY ATTEMPT HAS BEEN MADE TO CONTACT THE PARENT. WE FIND THAT DOCTORS AND HOSPITALS REFUSE TO GIVE TREATMENT, REGARDLESS OF HOW MINOR, UNLESS THEY HAVE AUTHORIZATION FROM THE PARENT. AS TIME CAN BE ESSENTIAL IN A MEDICAL EMERGENCY, THIS WOULD ASSURE YOUR CHILD OF PROMPT PROFESSIONAL ATTENTION.





**Becker Communication for *Becker Buzz* and
Emergency School Information
2011-2012 School Year**

Please visit our website www.beckerschool.org for all the up to date information about our school.

In an effort to go “Green,” we will again be sending the Becker newsletter, the *Becker Buzz*, out to our Becker Families electronically. A link will be sent to your email address that allows you to read the *Becker Buzz* online.

Name of child/children: _____

Name of parents: _____

Email address(es) for Becker Buzz:

In the event of an emergency school closure we will contact you through email and your telephone. Please list the email address you check most frequently and the best phone numbers to contact you.

Email: _____

Phone Number 1: _____

Phone Number 2: _____

**Please return this form to the Becker front desk
by Friday, August 5, 2011!**

**Supplemental
Background Information Form
2011-2012**

(To be completed for returning students only)

Personal Information

Child's name _____ Birthday _____ Sex _____

Place of Birth _____ Religious Affiliation _____ Ethnicity _____

Address _____ Telephone _____

Name of Parent or Guardian _____ Age _____

Occupation _____ Work Phone _____

Name of Parent or Guardian _____ Age _____

Occupation _____ Work Phone _____

Marital Status of Parents _____

Custody-Visiting Arrangements _____

List siblings and their age: _____

Are there other members of the household? If so, list name, age, and relationship:

Is any language other than English used in the home? If so, please describe _____

In addition to parents, are there any other caregivers? _____

Medical History

Does your child take any regular medications? _____ If so, please list: _____

Does your child have any known allergies? If so, please describe and complete an *Emergency Health Care Plan Form* to keep on file at school: _____

Does your child have any dietary restrictions? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of?

Is your child receiving any support services from a specialist such as speech, social skills, occupational therapy or physical therapy? If so, please describe:

List illnesses your child has had: _____

CHILD'S NAME: _____

Does your child have frequent colds? ____ Earaches? ____ Sore throats? ____ Fevers? ____

Stomachaches? ____

Has your child had any serious accidents or operations? _____

If so, please describe: _____

Daily Routines

What does your child eat for breakfast? _____
What time does your child go to bed at night? _____ Wake up? _____
Does your child have any fears? _____
Does your child have any special attachments (ie. blanket, pacifier, toy, etc.)? ___ If yes, please describe fully _____
Has your child completed toilet learning? ___ Urination ___ Bowel Movements ___
Can your child indicate his/her need to use the toilet? ___ Does your child need help? ___

Getting to Know your Child

Please circle items below that describe your child.

Happy	Aggressive	Friendly	Moody	Clumsy
Dependent	Stubborn	Impulsive	Fearful	Quiet
Good-natured	Even-tempered	Attentive	Sympathetic	Shy
Sleepy	Confident	Reserved	Sensitive	

What is the method of discipline used in your home? _____

How does your child respond to correction? _____

How does your child separate from each parent or caregiver? _____

What is your child's reaction to new situations? _____

Does your child prefer to play alone or in groups? _____

When playing with others, with what age children does your child usually play? _____

What are your child's favorite activities? _____

What does your child enjoy doing with each parent? _____

What do you hope will be included in your child's class in the year ahead? _____

Goals for your child: _____

Strengths of your child: _____

What else would you like us to know about your child? _____