

**EARLY CHILDHOOD DEVELOPMENT CENTER
GENERAL INFORMATION FORM Ages 2 through Preschool**

The information on this form is strictly confidential and will be used by the teacher to help her/him better understand and work with your child.

Child's Name _____ Date of Birth _____

What is your child usually called? _____ Child's Present Age _____

Home Address _____ Home Telephone _____

City/State _____ Zip _____

Father's Name _____ **Occupation** _____

Father's Work Place _____ Work Phone _____

Work Address _____ Cell Phone _____

Mother's Name _____ **Occupation** _____

Mother's Work Place _____ Work Phone _____

Work Address _____ Cell Phone _____

Father's E-mail* _____ Mother's E-mail* _____

***Please note: The majority of ECDC letters and notices to families will be sent via e-mail. I prefer a hard copy of correspondence to be hung on my child's locker: yes _____ no _____**

Please list all children in the family and their ages _____

Name of person(s) who has legal custody of child _____

Please indicate your ethnicity (this information is used for grant reporting purposes only) _____

Child's primary language _____ Second language _____

Does your child understand English? _____

Health Information

Does your child nap? _____ If yes, how long and often? _____ Does your child tire easily? _____, please explain _____

Is your child sensitive or allergic to any foods, pollens, etc.? _____

I would like my child to be served a vegetarian entrée for lunch (applies to ECDC-ND only). Yes _____ No _____

(For more information about this option, please see the parent handbook - <http://www.nd.edu/~eccdnd/parentsinfo.html>)

Does your child have any health problems or special needs? _____

List any medication your child is currently taking? _____

For what condition? _____

Does your child have any vision and/or hearing difficulty? _____

My child receives/received special services (e.g., First Steps, Speech Therapy) Yes _____ No _____

If yes, please explain _____

Please list names of individuals authorized by you or your family to have access to health information about this child _____

Please provide detailed written instructions for any special health need, such as allergy or ongoing illness (e.g., asthma, hearing/vision impairments, feeding needs, seizures, diabetes, or other ongoing health problems)

To what degree have bladder and bowel control been established? _____

Can your child help her/himself at the toilet? _____

Needs what kind of bathroom assistance? _____

Additional comments regarding toileting _____

Previous Group Experiences

Has your child attended preschool or been involved in a social group setting with other young children? _____ Length of involvement? _____ Please describe your child's overall reaction to group experiences _____

General Behavior

Describe your child in one or two words _____

Characteristic behavior in a new situation _____

Your child's favorite activities and interests _____

Describe any fears your child has of which we should be aware? _____

Parents' methods of overcoming fears _____

In what ways would you like your child's ECDC experiences to contribute to his/her growth and development? _____

Is there anything about your child that concerns you? _____

Have there been any unusual occurrences concerning your child that you feel we should be aware of? (e.g. premature birth, auto accident, severe illness, death in the family, etc.) _____

Would you be available to help with special field trips? (applies to children enrolled in the 4's and 4/5's groups) _____

Please feel free to attach an additional page if more space is needed to share any information that will help us better understand and work closely with your child and your family.

ECDC PARENT HANDBOOK - I have read the ECDC Parent Handbook and understand the policies and procedures outlined within.

Signature of Parent or Legal Guardian _____ Date _____

CHILD GUIDANCE/DISCIPLINE POLICY/COMMUNICATION - I have read and/or discussed the Adlerian philosophy of teacher-child interactions and discipline implemented by the Early Childhood Development Center's teaching staff. I understand that choices and logical consequences are utilized rather than punishment. Children are provided with encouragement rather than praise. According to state regulations, I understand that any disciplinary action taken will be communicated to the parents and noted in my child's record. I also understand that I will be notified of all significant occurrences or problems which affect my child. This includes, but is not limited to, notices regarding accidents, injuries, first aid, possible exposure to communicable diseases and prior notification regarding field trips.

Signature of Parent _____ Date _____

DEVELOPMENTAL SCREENINGS (This applies to school year enrollment only) – ECDC uses the Ages & Stages Developmental Screening (ASQs) to monitor children's development when questions occur regarding learning or development. ASQs are administered by someone familiar to your child such as their ECDC teacher, program director or family resource specialist. The ASQ results are shared with parents in a confidential manner. I grant permission for my child to receive the ASQ Developmental Screening and/or ASQ Social Emotional (ASQ-SE) Developmental Screenings.

Signature of Parent _____ Date _____

PHOTOGRAPHY PERMISSION - On occasion, SMC and/or ND students request permission to photograph children involved in the ECDC program for various academic and/or photography projects. Occasionally, local newspapers (e.g., South Bend Tribune, Notre Dame/Saint Mary's Observer, Elkhart Truth) and/or television stations (e.g., WNDU, WSBT, WSJV) seek permission to photograph children involved in the ECDC program in promotion of early childhood community initiatives and/or the ECDC program. ECDC teachers also photograph children involved in various ECDC program activities to share with parents and to document learning. I grant permission for photographs of my child to be taken at ECDC and possibly used *without my child's name* in print (e.g., ECDC brochures), on the ECDC website and/or for reporting (in the newspaper highlighting a special activity).

Signature of Parent _____ Date _____

SUNSCREEN PERMISSION (Parent Supplies) – I give permission for teachers to apply sunscreen to my child to help prevent possible sunburn. I understand that I must provide the sunscreen, and due to accreditation standards the sunscreen must be a minimum SPF 15 and have UVA/UVB protection. I will apply the sunscreen prior to or upon my child's arrival at ECDC. ECDC staff will apply/or facilitate application of subsequent sunscreen as needed before outside activities.

Signature of Parent _____ Date _____

INSECT REPELLENT (ECDC Supplies) – I give permission for teachers to apply a mild insect repellent to my child prior to outdoor activities (e.g., nature activities/walks at parks such as Potato Creek Park, St. Mary's College-Nature Walks, Madeline Bertrand Park, Bendix Park, Clay Park, Sarrett Nature Center, etc.). The insect repellent will be supplied by ECDC and will be applied by ECDC staff. Due to accreditation standards, the repellent used will contain DEET and will be applied no more than once per day.

Signature of Parent _____ Date _____