



Start date _____

Visit date _____

Child's Full Name _____

Child Prefers to be called _____ Child's Social Security # _____

Child's Address _____

City _____ State _____ Zip _____

Phone# _____ Date of Birth _____ Sex: _____ Male _____ Female

Mother/Guardian _____

Address _____ City/State _____ Phone# _____

Place of Employment _____ Work Hours _____

Address _____ City/State _____

Mother's Drivers License # _____ Mother's Social Security # _____

Work Phone # _____ Cell # _____ Beeper # _____

Father/Guardian _____

Address _____ City/State _____ Phone# _____

Place of Employment _____ Work Hours _____

Address _____ City/State _____

Father's Drivers License # _____ Father's Social Security # _____

Work Phone # _____ Cell # _____ Beeper # _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____

The child will be released only to the people on this application and the following persons:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____



Child's Full Name _____

Child's Physician _____

List any medical conditions requiring special care: _____

Any allergies or special dietary needs: _____

Is the child toilet trained? _____

What does your child say when they wish to use the toilet? _____

Favorite song _____

Favorite food _____

Favorite toy _____

Favorite game _____



AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

I hereby authorize the staff and Director of We Love Kids Learning Center to give consent for any and all necessary emergency medical and First aid care for my child: _____ while said child is in their custody.

Signature of Parent or Guardian



Child's Full Name _____

PERMISSIONS

My child may be given Tylenol or equivalent if he/she develops a fever at school. Yes__ No__

My child may be given Benadryl or equivalent if he/she develops an allergic reaction. Yes_ No_

I hereby authorize We Love Kids Learning Center to seek emergency care for my child.

I have received a copy of the Policies and Procedures for We Love Kids Learning Center.

I have received a summary of requirements for Child Care Centers.

In order to keep you all informed, please give us your email addresses:

Mom _____ Dad _____

EMERGENCY INFORMATION -

Name of person other than parent authorized to act in an emergency (must live or work in Shelby County):

Address _____ Home Phone _____

Where employed _____

Work phone _____ Cell/Beeper Phone _____

Signature of Parent or Guardian

Date



PHOTO RELEASE

Occasionally, pictures or video tape of the children at We Love Kids Learning Center are taken for parents, web site, school albums, brochures, etc.

We also use pictures and video tape for parent meetings so you can see what your child does all day.

Given this information, please sign the following release according to your wishes.

_____ Yes, my child can be included in photos, slides, and videos to be used for school albums, brochures, electronic photo frame, and class photos.

_____ Yes, my child's photo or video can be used on the We Love Kids Facebook or website. Parents WILL NOT be contacted when photo or video has been posted.

_____ No, I prefer that my child not be photographed.

Signature of Parent/Guardian

Date



FINANCIAL RESPONSIBILITY

We, _____, hereby fully understand that in the event of default of payment, we will be responsible for all tuition fees and late fees. We understand that a two week notice is required when withdrawing from the center. If no attempt is made to pay such fees, we understand that We Love Kids Learning Center has the right to bring action to enforce said payments and we will be responsible for all court costs, attorney's fees, collection agency fees and reimbursements.

We have read and fully understand the contents of the policies set by We Love Kids Learning Center which are effective August 1, 2002.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

PERSONAL SAFETY CURRICULUM NOTIFICATION FORM

Since 1985, Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Department-recognized component on the prevention of child abuse.

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. The Department of Human Services was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.

In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.

"Keeping Kids Safe" is the sample personal safety curriculum offered by the Department. This curriculum takes a holistic approach to the safety of children. The curriculum is composed of the following units: Self Esteem, Family & Friends, Feelings, Problem Solving, Personal Safety (general) and Personal Safety (4-5 year olds), and Safety Around Me.

All sessions begin with group time and are followed by supplemental activities that give children additional practice in understanding the concepts. The curriculum uses hand puppets to serve as a group motivator and to introduce the stories. Together staff and parents decide what terminology to use when referring to the genitals, either the correct anatomical terms or the general term "private body parts."

(Continued on Reverse)

“Keeping Kids Safe” is the personal safety curriculum used by our child care agency. Our agency uses another personal safety curriculum described below: Method of Instruction:

Sample Terminology:

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians. I/We acknowledge that we have been provided an opportunity to review the agency’s personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Signature of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Date

Signature of Agency Representative Date

Some child care providers use the *Keeping Kids Safe* Personal Safety Curriculum. The bottom portion of this form lists the web address where you can find this sample curriculum, provided by the Department of Human Services. Please take the bottom portion with you so that you can review the curriculum at your leisure.

http://state.tn.us/humanserv/adfam/cc_main.htm



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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TTY: 1-800-270-1349
www.tn.gov/humanserv/

BILL HASLAM
GOVERNOR

RAQUEL HATTER, MSW, Ed.D.
COMMISSIONER

Influenza Information Notification

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August and September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Child's name _____

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Child Care Agency Representative

Date



Child's Name: _____

Please fill out and return tomorrow:

1. Does your child have any brothers or sisters? If so, names and ages? _____

2. Do you have any pets? If so, list the types of animals and their names. _____

3. What are your child's favorite toys, activities and games? _____

4. Does your child have special fears? (E.g. clowns, the dark during naptime, thunderstorms, things that might happen while your child is at school) _____

5. Does your child have any special stories, books, or songs? _____

6. Please use the back of the paper to provide me with any extra information that you think will help us better understand your child.

7. Would you be available to read to the class? If so, what day is best? (available times are 9:30 or 3:30) _____

Thank you so much for taking a few moments to fill this out. We are looking forward to a wonderful school year.

*Should your family address or phone number change during the year, please let us know. We will be learning addresses very soon.

In order to keep you all informed, please give us your email addresses.

EMAIL: Mom _____ Dad _____

