Grundy Community Preschool and Childcare Center

Childcare 1201 9th Street, Preschool 1001 8th Street Grundy Center, IA 50638

Childcare (319) 825-3565, Preschool 825-6257

General Information Intake Sheet: (For all children ages two & over)

Parents: Please fill out in full and return with immunization card to the above address.

Child’s full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work phone \_\_\_\_\_\_\_\_\_Home phone\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone \_\_\_\_\_\_\_\_Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Ethnicity \_\_\_\_ Non-Hispanic \_\_\_\_\_ Hispanic

Child’s Race \_\_\_\_\_ Am Indian/Alaska Native \_\_\_\_\_Asian \_\_\_\_\_Black/African American

\_\_\_\_\_ Native Hawaiian/ Other Pacific Islander \_\_\_\_\_ White

Names and birth dates of brothers and sisters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_\_\_\_\_\_\_What time is bedtime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What time does he/she awaken? \_\_\_\_\_\_\_\_\_Are toilet habits regular? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child dress him/herself? \_\_\_\_\_\_\_\_

Has your child played regularly with other children? \_\_\_\_\_

Are his/her playmates boys? \_\_\_\_ Girls? \_\_\_\_ Younger? \_\_\_\_ Older? \_\_\_\_ Same age?\_\_

Other, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had previous group experience? \_\_\_ Daycare? \_\_\_ Sunday school? \_\_\_\_\_

Other, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child accept new people easily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s fears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When does your child show them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your reasons for sending your child to Preschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give any additional information that you think would be helpful in understanding

your child or that would affect his/her preschool experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Consent Form:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_parent of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age\_\_\_\_\_do hereby give my permission and consent to the personnel of Grundy Community Preschool and Childcare Center to secure and authorize such emergency medical treatment as my above named child might require while under their supervision I agree that I will pay all doctor and hospital bills and that said preschool and/or personnel shall not be responsible for them. Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Every effort will be made to notify parents immediately in case of an emergency. Should an emergency arise, it would be helpful to have the following information:

Family physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital of choice in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other people to call in an emergency if parents can not be reached:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunization Record

Iowa law states that parents must assure that their children are immunized against polio, diphtheria, tetanus, whooping cough, measles and rubella as a condition to enter an elementary or secondary school or daycare center in Iowa. Mumps vaccine is also required by the Department of Health. It is very important that the Grundy Community Preschool & Childcare Center comply with this law. Fill out the immunization card, have it signed by a doctor or health official and each immunization with source listed.

Grundy Community Preschool & Childcare Center

Physical exam form

Child’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_

Sex \_\_\_M \_\_F Parent(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of examination: \_\_\_/\_\_\_/\_\_\_ Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print Dr., PA, or NP)

Has your child had (answer with Y or N):

\_\_\_Frequent colds? \_\_\_German measles/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Frequent sore throats? \_\_\_Mumps/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Frequent ear aches? \_\_\_Tubes in ears/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Bronchitis? \_\_\_Chicken pox/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Kidney trouble? \_\_\_Red measles/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Convulsions? \_\_\_Whooping cough/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Tonsillectomy/date\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Shingles/date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other operations or serious illnesses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unusual eating problems or food dislikes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or other health conditions we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Exam:

Height: \_\_\_\_\_\_\_\_\_Weight: \_\_\_\_\_\_\_\_\_Blood pressure: \_\_\_\_\_\_\_\_\_

Vision: \_\_\_\_\_\_\_\_ Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_

Immunizations administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete head to toe assessment results:

Normal for age\_\_\_\_\_\_\_Abnormal for age\_\_\_\_\_\_\_\_Explain abnormal findings and recommendations or restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This child has been examined by me and is capable of participation in a normal preschool program: Yes\_\_\_\_\_\_No\_\_\_\_\_\_

Examining Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab Tests: (These tests are only requirements if you are enrolling in the Head Start Program)

Waiver &

Date performed Results Signature Recommendations Hematocrit/Hemoglobin \_\_/\_\_/\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead screen \_\_/\_\_/\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TB (if foreign born) \_\_/\_\_/\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sickle Dex (if minority) \_\_/\_\_/\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-up Permission Form

Child’s full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

Name Relationship Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is a separation or divorce custody problem of which we should be aware, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of persons who may NOT pick up the child:

Name Relationship Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Trip Consent Form:

My child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in field trips which are planned for his/her class at the Grundy Community Preschool & Childcare Center.

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

For children who attend both Childcare and Preschool:

I hereby give my permission for my child to be transported between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_childcare and Preschool.

Date\_\_\_\_\_\_\_\_\_\_ Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_