

Your Child's Health and Social Record - Summer 2019

Child's name,
first and last:

Your family
Physician's name:

Phone #:

Address:

Please answer the following:	YES	NO	Please Explain:
Does your child regularly spend time with a childcare provider?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your child in good health?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has your child had a physical exam in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Immunizations up-to-date? Please provide a copy for our records	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies or sensitivities? Such as: latex, peanuts, tree nuts, dairy, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motor or speech delays?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any play restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your child become easily excited?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your child play well alone?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your child tire easily?	<input type="checkbox"/>	<input type="checkbox"/>	_____

What else would you like us to know about your wonderful child? Please add as many pages as necessary.

Photograph Release/Statement of Affirmation

CFA will use photographs in company promotions in and outside the office. Client names will NOT be released from CFA. Please check one and provide your signature.

I hereby authorize CFA, also known as Childbearing Family Alliance, Inc., to reproduce and/or reprint a picture or likeness of my child(ren) in their media advertising and promotional campaigns.

-----OR-----

No, I do not authorize photos of my child to be released.

Parent/Guardian Signature _____ Date: _____

Parent Pick-up Authorization - Summer 2019

Child's last name:	Child's first name:
Mother's name:	Father's name:
Home phone #:	Full name of authorized pick-up-person:
Address:	Please attach photo. This is optional but VERY helpful!
Work phone #:	
Cell phone #:	
What would your child call you?	

Parent Pick-up Authorization - Summer 2019

Child's last name:	Child's first name:
Father's name:	Mother's name:
Home phone #:	Full name of authorized pick-up-person:
Address:	Please attach photo. This is optional but VERY helpful!
Work phone #:	
Cell phone #:	
What would your child call you?	

Pick-up Authorization - Family/Friend - Summer 2019

Child's last name:	Child's first name:
Full name of authorized pick-up person:	Parent's name:
Home phone #:	Relationship to child:
Address:	Please attach photo. This is optional but VERY helpful!
Work phone #:	
Cell phone #:	
What would your child call this person?	

Pick-up Authorization - Family/Friend - Summer 2019

Child's last name:	Child's first name:
Full name of authorized pick-up person:	Parent's name:
Home phone #:	Relationship to child:
Address:	Please attach photo. This is optional but VERY helpful!
Work phone #:	
Cell phone #:	
What would your child call this person?	