

Childcare Information

(One form per child please)

Child's Name: _____ Age: _____

Parent's Name: _____ Parent Cell Phone: _____

Name child likes to be called if other than above name: _____

Known Allergies (include food): _____

Medical Conditions: _____

Is there anyone, besides yourself, who is authorized to sign your child out of the childcare room?

Yes No

Names of those persons: _____

Workshops parent will be attending (enter code number):

Friday A: _____ Friday FE: _____ Friday B: _____ Friday C: _____ Friday D: _____

Sat. E: _____ Sat. F: _____ Sat. SE: _____ Sat. G: _____ Sat. H: _____

Please Note:

- ◆ For your child's sake, we must know where you are. Please do not change workshops without informing us. Changing workshops makes it very difficult for us to find you if your child needs you for any reason.
- ◆ For your child/children's protection, all children must be signed in and out.
- ◆ If your child/children need you, someone will come and get you from the workshop you listed above.
- ◆ Because of their special needs, we are not able to provide childcare for babies.
- ◆ Because of health regulations, we are unable to change diapers. Please plan to stop in and check your child at regular intervals if he/she is wearing a diaper.
- ◆ All children must be wearing name tags.

I agree to follow the childcare room policy:

Signature: _____

SIGN IN:

SIGN OUT:

A _____ A _____

FE _____ FE _____

B _____ B _____

C _____ C _____

D _____ D _____

E _____ E _____

F _____ F _____

SE _____ SE _____

G _____ G _____

H _____ H _____