

Name: _____

Nutrition & Health History

Does your child eat breakfast? Yes _____ No _____

Where does your child eat lunch? Home _____ School _____ Elsewhere _____

How much milk does your child drink daily? _____

Check any other beverages your child drinks daily: Juice _____ Water _____ Other _____

Does your child have any food allergies, ethnic or religious restrictions or a special diet?

List any medications your child is *prescribed* and will need to be administered while at school, including an EpiPen: _____

List any other medications your child takes outside of school: _____

List any medication allergies: _____

List any chronic health problems, diseases, or any history of hospitalization: _____

School History Record

Does your child attend another child care center in addition to ours? Yes _____ No _____

If so, how many hours per week? _____

Do you feel there are any characteristics relating to the personality of your child that would help the teacher better understand your child? _____

Annual Class Roster

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize my child's name, my name, and phone number to be listed on the parent roster:

Yes _____ No _____ Parent signature: _____

Photo Permission

Pictures are taken of your child to use within classroom activities. Sometimes newspapers or organizations like to do stories and displays about our children. Please check if we have your permission to use your child's picture in connection with Early Childhood/ESC of Lake Erie West activities.

Yes _____ No _____ Parent signature: _____