

Personal Information Questionnaire

Welcome to the Eagle's Nest Children's center. Please answer all questions completely and clearly. This information will help us develop a positive relationship with your child.

Child's Full Name _____

Home Address _____

Sex _____ Age _____ Birthplace _____

Family Data: Description of Family Unit (*check one*)

- Lives with both parents
- Lives with mother
- Lives with father
- Other (please specify)

Father's Name (*whether in home or not*) _____

Address _____

Cell Phone _____

Job Title _____ Business Phone _____

Business Address _____

E-mail Address _____

Mother's Name (*whether in home or not*) _____

Address _____

Cell Phone _____

Job Title _____ Business Phone _____

Business Address _____

E-mail Address _____

Marital Status: (*circle one*) single married separated divorce

If divorced, please describe custodial arrangements:

Please list siblings in household (use last names if different):

Name	Age	School	Grade
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1.

2.

3.

4.

Personal Information Questionnaire (*continued*)

Other adults in household:

Name Relationship to child

- 1.
- 2.
- 3.

Have there been any significant difficulties, changes or crises in the family, such as accidents or medical problems; which may have affected your child emotionally?

What is your child's favorite toy? _____

Book? _____ Pet? _____

Person? _____

Holding object that he/she cannot be without? _____

Does your child have any particular fears? _____

Does your child have nightmares? _____

What word does child use for bowel movement/ urination? _____

What other peculiar words or expressions does he/she use that may not be understood by an outsider?

Has your child ever had any other group experience with children? _____

If so, where? _____

What is your accustomed mode of reassuring and rewarding your child? _____

What is your accustomed method of discipline with your child? _____

Any developmental concerns? _____

The following persons are authorized to pick up my child:

Name	Complete Mailing Address	Phone	Relationship to Child

It is the parent's responsibility to keep this list up-to-date in the director's office. Any person not on this list will be unable to remove child from the center.

Parent/ Guardian Signature _____ Date _____

Emergency Information

Child's Name _____

Physician's Name _____ Phone _____

Allergies _____

Dentist's Name _____ Phone _____

Emergency Contact other than parent of Doctor:

Name	Complete Mailing Address	Phone
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1.

2.

3.

4.

I give permission for _____ to have whatever emergency treatment is deemed necessary by the staff of Eagle's Nest Children's Center. I understand that parents will be called immediately. If a hospital is needed, please take my child to _____ Hospital.

Parent/ Guardian Signature _____ **Date** _____

Director's Signature _____ **Date** _____

**Eagle's Nest Children's Center
Emergency Transportation Agreement**

The Eagle's Nest Children's Center shall abide by Georgia law regarding law regulating the use of seat belts and child passenger restraints. All vehicles operated by any facility staff person or volunteer to transport children shall be properly equipped with appropriate seat belts or child restraint devices as approved by the Georgia Department of Human Resources.

An appropriate seat safety belt or restraint device shall restrain each adult and child when the vehicle is in motion. All vehicles used to transport children shall meet and maintain the safety inspection standards of the Division of Motor Vehicles of the Department of Transportation. The facility shall comply with all other applicable state and federal laws and regulations regarding the operation of a motor vehicle.

In the event of an emergency, The Eagle's Nest Children's Center shall evacuate children to the basement in Smith Cottage. In the event that The Methodist Home Campus is evacuated, children will be transported to Vineville United Methodist Church. Eagle's Nest children will be transported by Methodist Home vehicles, by parents of other Eagle's Nest children in their personal vehicles and by employees of the Methodist Home in their personal vehicles. Children will be reunited with parents at the church.

Children will NEVER be left unattended in a vehicle. The ratio of adults to children in the childcare vehicle will not exceed the staff/ child ratios prescribed.

I, _____ hereby give permission for my child,
_____ to be transported to Vineville United Methodist Church by the Methodist Home employees and parents of other Eagle's Nest children in the case of an emergency evacuation.

Parent/ Guardian Signature _____ **Date** _____

Director's Signature _____ **Date** _____

Authorization to dispense External preparations

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of medication; prescription number; if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Eagle's Nest Children's Center permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of container.

- _____ Baby Wipes**
- _____ Band-aids
- _____ Neosporin or similar ointment
- _____ Bactine or similar first aid spray
- _____ Sunscreen**
- _____ Insect Repellent **
- _____ Non-Prescription ointment (such as A&D, Destin, Vaseline)**
- _____ Baby Powder**
- _____ Other (please specify) _____

Parent/ Guardian Signature _____ **Date** _____

*Center should maintain in child's file

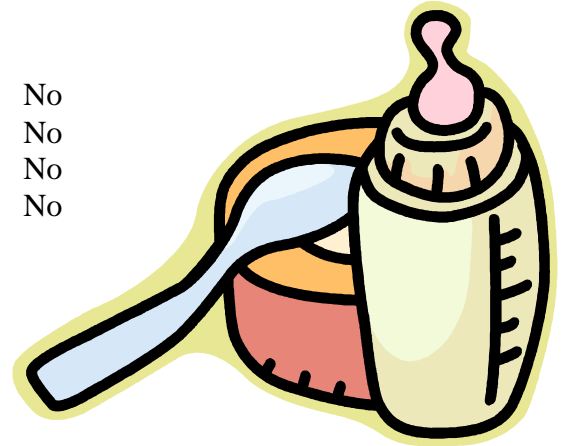
**Items supplied by parent /guardian

Infant Feeding Plan

Child's Name _____ DOB _____ Date _____

(Circle Answer)

Does child take bottle?	Yes	No
Is the bottle warmed?	Yes	No
Does the child hold own bottle?	Yes	No
Can the child feed self?	Yes	No



Does the child eat any of the following? *(Circle all that apply)*

Strained Foods	Whole Milk
Baby Formula	Table Food
Formula	Other: _____

List the type of formula used or if child is given breast milk:

Amount of formula or breast milk to be given:

Updated Amounts: _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Does child take a pacifier? *(circle answer)* YES NO If yes, when?

Food Likes: _____ Dislikes: _____

Allergies (include any premixed formulas)? _____

Child's Schedule

Please complete the information requested below in detail.

Formula or Breast Milk			Food		
Time	Amount	Type	Time	Amount	Type

Instructions for the introduction of solid foods:

Parent/ Guardian Signature _____ Date _____

Infant Meal Affidavit

Name of Child _____

Name of Sponsor: Youth Educational Services, Inc. 2321 Main Street Tucker, GA 30084

Name of Provider/Center: Eagle's Nest Children's Center

According to USDA Regulations, as an institution participating in the Child and Adult Care Food Program, I must offer to provide meals to all infants enrolled for care in my center/facility.

I will provide Similac Advance and Gerber Cereal to
Milk-based iron-fortified formula Iron-fortified infant cereal

Infants enrolled for care in my facility.

Parents/Guardians please check one of the following options and sign this form:

_____ I would like the provider/center provide the milk-based iron-fortified infant formula and iron-fortified infant cereal listed above to my infant and I will provide clean, sanitized, and labeled bottles daily.

_____ I will provide _____ and _____ for my infant on a
Milk-based iron-fortified formula Iron-fortified infant cereal
daily basis.

Parent/Guardian Signature

Date

**Any parent requesting any formula other than USDA approves milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provided any formula other than USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have center or daycare home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian although the center or daycare home provider may only claim reimbursement for no more than breakfast, lunch, or supper, and a snack.*

Eagle's Nest Children's Center

Consent for Release of Pictures

Please indicate below if you give us permission to use your child's picture for accreditation purposes, in the **Gateway magazine** (magazine put out by the Methodist Home) or **newspaper**.

- I give permission for my child's picture to be used.
 I do not give permission for my child's picture to be used.

Please indicate below if you give us permission to use your child's picture for accreditation purposes, on our Methodist Home or Eagle's Nest Children's Center **social media pages**.

- I give permission for my child's picture to be used.
 I do not give permission for my child's picture to be used.

Please indicate below if you give us permission to use your child's picture for accreditation purposes, on the Methodist Home/Eagle's Nest Children's Center **website**.

- I give permission for my child's picture to be used.
 I do not give permission for my child's picture to be used.

Printed Name: _____

Signature: _____ Date: _____

Child(ren):

