

Pinewood Playhouse Intake Sheet

Child's Name _____ Birthdate _____ Sex M/F _____
Home Address _____ City _____ Zip _____ Home Phone _____
Mother's Name _____ Father's Name _____
Mom's Workplace _____ Dad's Workplace _____
Work Address _____ Work Address _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

Who will have the authority to pick up the child? _____

NOTE: Child will not be released to any other person without a signed release from the custodial parent or legal guardian.

EMERGENCY CONTACT: Two friends or relatives who can be contacted if parent(s) can not be contacted. (Note: 2 contacts are required by State Licensing)

- 1. Name _____ 2. Name _____
- 1. Address _____ 2. Address _____
- 1. Phone _____ 2. Phone _____

State regulations require that a copy of your child's current IMMUNIZATION RECORD be on file with us. Please attach a copy.

Does your child have any eating problems or food dislikes? (explain)

Does your child have any known allergies? _____

What are your child's fears? _____

Please check what your child already knows.

COLORS: Red ___ Orange ___ Yellow ___ Green ___ Blue ___ Purple ___

SHAPES: Square ___ Triangle ___ Rectangle ___ Circle ___

Recognize CAPITAL letters: None ___ Some ___ All ___

Recognize small letters: None ___ Some ___ All ___

Recognize Numbers 1 to 10: None ___ Some ___ All ___

Knows letter sounds: None ___ Some ___ All ___

Recognize own name if printed: Yes ___ No ___

Can child print own name: Yes ___ No ___

Further information which could be helpful in understanding your child

Your e-mail address: _____ Office use: start date _____ Withdraw date _____

PINEWOOD PLAYHOUSE MUTUAL AGREEMENT

PINEWOOD PLAYHOUSE'S STATEMENT

We promise to give your child careful attention and affectionate care. We promise to provide stimulating, fun, learning experiences. We will challenge but not coerce learning. We promise our cooperation in planning for the needs of your child.

THE PARENT'S STATEMENT

I/we will report any change of address, home phone, place of employment and emergency contact numbers. I/we will inform you at least two weeks in advance before removing the child from Pinewood Playhouse. I/we will inform you of any illness or contagious disease the child might have which could affect the other children.

I/we have read the above, the fee schedule, the rules, and other information sheets and agree to abide by them.

Signature of Parent _____ Date _____

Signature of Director _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

I, _____ (mother, father, legal guardian) of

_____ (son/daughter), presently age _____, do hereby give my permission and consent to the daycare provider to secure and authorize such medical care and / or treatment and any transportation necessary to provide such care as my above named child may require while under the supervision of said care provider. I also agree to pay all costs and fees on any emergency medical care and / or treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to contact parents immediately in case of an emergency. In the event of an emergency it may be necessary to have the following information:

Name of Physician: _____

Physician's Address _____ Telephone _____

SIGNATURE of parent or legal guardian _____

SIGNATURE of witness (director) _____

DATED this _____ Day of the MONTH of _____, 20_____.