

State of Illinois-Department of Children and Family Services
APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSON(S) PLACING THE CHILD

Name _____

Name _____

Relation to Child _____

Relationship to Child _____

Home Address _____

Home Address _____

Phone Number _____

Phone Number _____

Place of Employment _____

Place of Employment _____

Address _____

Address _____

Phone Number _____

Phone Number _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____

Address _____

Phone Number _____

Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____

Address _____

Phone Number _____

Hospital/Clinic _____

PROGRAM

Days per week _____ Hours of care _____ Rate of pay (optional) _____

Signature of Parent _____ Signature of Caregiver/Admin _____

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

If the child has any of the following, please explained:

Med problems _____

Physical handicaps _____

Does the child take regular medication _____

Restriction for play (outdoors) _____

Restriction for play (indoors) _____

Allergies of any kind _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____ Diaper changes ointment used _____

Does the child have special names for objects? (potty, cookies, drink, mom, dad, grandparents) _____

If the child is an infant, what are the feeding instruction _____

Other information that will help in caring for the child _____

Comments:

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

CONSENT TO DAY CARE PROVIDERS

Name of Child _____

THESE CONSENTS ARE NON-DCFS WARDS ONLY AND MAY ONLY BEUSED FOR DAYCARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all the following consents:

EMERGENCY MEDICAL CARE

This authorizes **POSITIVE ATTITUDES WORKING PRESCHOOL** to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency I/we will be responsible for the emergency medical charges up receipt of the statement.

_____ is the preferred doctor/clinic/ hospital

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

i/we authorize **POSITIVE ATTITUDES WORKING PRESCHOOL** to administer prescribed medicine to my/our child as specified in the prescription directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

Positive Attitudes Working Preschool

CHILD PICK UP

(Use additional sheet of paper if more than 3 people authorized to pick up child)

To pick up my/our child when I am/we are unavailable

I/We authorized _____

Name	Address	Phone
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And/or _____

Name	Address	Phone
------	---------	-------

And/or _____

Name	Address	Phone
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TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize **Positive Attitudes Working Preschool** to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as passenger in the vehicle owned or leased by the above name person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

Positive Attitudes Working Preschool

SPRINKLERS AT THE PUBLIC PARK FACILITIES

I/we consent to your child using the SPRINKLERS of TAYLOR PARK AT 400 W. DIVISION ST, OAK PARK, IL 60302.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

PHOTO CONSENT FORM

I, _____, the parent/guardian of _____
do hereby give my permission for the staff of ***Positive Attitudes Working Preschool*** to take pictures
and/or video for educational/promotional purposes (i.e. newsletters, bulletin boards, slide show, Social
Media, etc.).

Date _____

Signature of parent/guardian