

START DATE: \_\_/\_\_/\_\_

Building Blocks Family Day Care  
307 Mary Drive  
New Albany, IN 47150  
945-3560  
Nancy L. Clark - Owner/Operator  
State Lic. # 22-1516

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Birth date: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(street & / or apt. #)

\_\_\_\_\_ (city, state, & zip)

E-Mail Address: \_\_\_\_\_ (parent/guardian – home) \_\_\_\_\_ (parent/guardian – home)

\_\_\_\_\_ (parent/guardian – work) \_\_\_\_\_ (parent/guardian – work)

Parent/Guardian Information:

Parent/Guardian Work Hours: From: \_\_\_\_ To: \_\_\_\_ From: \_\_\_\_ To: \_\_\_\_  
(parent/guardian) (parent/guardian)

Parent/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

work #: \_\_\_\_\_ pager/mobile #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_

work #: \_\_\_\_\_ pager/mobile #: \_\_\_\_\_

NOTE: I MUST have a number where a parent or guardian can be reached at all times. This is STATE LAW!!! If you will be away from the number listed above, you MUST call with an alternate phone number before leaving!!!!

Brothers & Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

Medical History: Allergies: \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Regular Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Emergency Treatment Authorization:

I, \_\_\_\_\_ give my permission for Nancy Clark to obtain EMERGENCY medical treatment for  
(parent/guardian name, please print)  
my child : \_\_\_\_\_, in the event I am unable to obtain such treatment for said child.  
(child name, please print)

\_\_\_\_\_ (parent/guardian signature)

MEDICAL INFORMATION:

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Hospital Preference: \_\_\_\_\_ Insurance/ID: \_\_\_\_\_

EMERGENCY CONTACT IF PARENT/GUARDIAN (S) CANNOT BE REACHED:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

PERSONS BESIDES PARENTS/GUARDIANS AUTHORIZED TO PICK UP CHILD:

[NOTE: Child WILL NOT be released to anyone not on following list without PRIOR permission from parent(s) & I.D.]

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

GENERAL INFORMATION:

please check items, which apply to your child:

NURSING? Y\_\_\_ N\_\_\_ USES PACIFIER? Y\_\_\_ N\_\_\_ SUCKS THUMB? Y\_\_\_ N\_\_\_

FORMULA: Y\_\_\_ N\_\_\_ BRAND? \_\_\_\_\_ # OZ. PER FEEDING? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_ POTTY TRAINED? Y\_\_\_ N\_\_\_ USES SIPPY CUP? Y\_\_\_ N\_\_\_

How does your child like to be put down for a nap? \_\_\_\_\_

PLEASE CIRCLE QUALITIES WHICH YOU FEEL BEST DESCRIBE YOUR CHILD:

HAPPY EVEN TEMPERED AGGRESSIVE FEARFUL PATIENT SHY GOOD NATURED  
SENSITIVE HYPER STUBBORN QUIET INQUISITIVE HELPFUL IMPULSIVE  
FRIENDLY MOODY SYMPATHETIC DEPENDENT OUT-GOING TALKATIVE

What quality do you most admire in your child? \_\_\_\_\_

Has your child previously attended day care or pre-school? Y\_\_\_ N\_\_\_

Does your child play well in a group setting? Y\_\_\_ N\_\_\_ Alone? Y\_\_\_ N\_\_\_

What type of activities does your child most enjoy? \_\_\_\_\_

What type of food does your child enjoy? \_\_\_\_\_

What types of books, music, videos, etc. does your child enjoy? \_\_\_\_\_

PLEASE FEEL FREE TO USE AN ADDITIONAL SHEET OF PAPER FOR ANY ADDITIONAL INFO YOU WOULD LIKE FOR US TO HAVE ABOUT YOUR CHILD!