

GENERAL INFORMATION
FRUIT AND FLOWER CHILD CARE CENTER
 503-228-8349

CHILD'S Name _____ Birthdate _____ Sex _____
 Nickname _____ Child's Age at Entry _____
 Today's Date _____ Person filling out this form _____

PARENT Name _____ Home Phone _____
 Home Address _____ City _____ Zip _____
 Place of Employment _____ Occupation _____
 Work Address _____ Work Phone _____
 Work Hours: From _____ To _____ Cell Phone _____
 Relationship to child _____ Secretary/Switchboard _____
 E-mail address _____

PARENT Name _____ Home Phone _____
 Home Address _____ City _____ Zip _____
 Place of Employment _____ Occupation _____
 Work Address _____ Work Phone _____
 Work Hours: From _____ To _____ Cell Phone _____
 Relationship to child _____ Secretary/Switchboard _____
 E-mail address _____

Parent Marital Status _____

SIBLINGS OF CHILD

Name _____ Birthdate _____ Sex _____
 Name _____ Birthdate _____ Sex _____

OTHERS LIVING IN THE HOME

Name _____ Age _____ Relationship _____
 Name _____ Age _____ Relationship _____

(For the Purpose of Updating)

I have reviewed both sides and noted changes, if any.

Initial _____	Date _____	Initial _____	Date _____
Initial _____	Date _____	Initial _____	Date _____
Initial _____	Date _____	Initial _____	Date _____
Initial _____	Date _____	Initial _____	Date _____

*****PLEASE FILL OUT AND REVIEW BOTH SIDES*****

EMERGENCY INFORMATION

Child's Name _____ Birthdate _____

List all known or suspected food allergies: _____

List all known or suspected allergies related to medications: _____

Date of last tetanus shot _____ Has your child had chicken pox? _____

Does your child take any medications on a regular basis? (Please list medications and describe condition) _____

Health Considerations/History _____

Treatment Restrictions (ex: blood transfusions) _____

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Hospital Preference (if any) _____

Insurance Co. _____ Policy ID / Group No. _____

Subscriber's Name _____

If the parents can not be reached in an emergency, we will contact:

(your emergency contact must be in the Portland metropolitan area & also be authorized to remove child from F&F)

Name _____ Relationship To Child _____

Address _____ City _____

Home Phone _____ Work Phone _____ Cell Phone _____

Who is authorized, in addition to parent(s) and the emergency contact person, to remove your child from Fruit & Flower without prior authorization?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please list people who may NOT pick up your child: (if you list a parent, you must provide a copy of the restraining order).

Please provide any additional information regarding child or family circumstances affecting security:

___ Yes ___ No In an emergency F&F has my permission to call an ambulance or taxi and take my child to any available physician or hospital at my expense.

___ Yes ___ No In an emergency F&F has my permission to obtain medical treatment for my child.

___ Yes ___ No F&F has my permission to give medication under the parent's and/or doctor's direction.

___ Yes ___ No In an emergency requiring immediate evacuation of F&F's building, F&F has my permission to transfer my child to Temple Shaarie Torah.

___ Yes ___ No My child may be taken on field trips and walks under proper supervision.

___ Yes ___ No My child may have her/his photograph taken for publicity or news purposes.

Parent Signature _____ Date _____

PLEASE FILL OUT AND REVIEW BOTH SIDES