Picolata Crossing Extended Day
560 Market Street
St. Augustine, Florida 32095
Call (904) 615-4415

CHILD HISTORY

This information is provided to your child's counselors/teachers.

Child's Name: _____
Last First Middle Nickname

Birth Date: _____ Sex: ____ Enrollment Date: _____

Parent/Guardian 1 Name: _____ Phone Number: _____

E-mail Address: _____

Parent/Guardian 2 Name: _____ Phone Number: _____

E-mail Address: _____

Please answer the following questions:

1. Are there any foods or medicines to which your child is allergic? Any other allergies? Explain.

2. Does your child have any health or developmental concerns of which we should be aware? Please explain.

3. Does your child take any prescription medicine(s) on a regular basis? If so, what and when? Has the school nurse been provided with this medication? If your child will need medicine administered during extended day, please explain and request a medication authorization form from your director.

4. Are there any other issues or concerns of which we should be aware?

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AUTHORIZATIONS

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

1. I authorize Picolata Crossing Extended Day to approve medical attention for my child in the event of an emergency during the time that my child is in attendance at Picolata Crossing Extended Day.

Parent or Guardian Signature: _____

2. My child may be photographed and the photos may be used for newsletters, general publications, displayed at our facility, and/or for publicity, including any of our websites.

Parent or Guardian Signature: _____

3. My child is allowed to consume store-bought or home-prepared food brought in by staff or families to include, but not limited to for the following occasions: birthday parties, celebrations, cooking projects, daily snacks. Parent or Guardian Signature: _____

4. I have been supplied a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER, published by The Department of Children and Families.

Parent or Guardian Signature: _____

5. I have been supplied a copy of the Flu (Influenza Virus) Brochure, published by The Department of Children and Families.

Parent or Guardian Signature: _____

6. I have seen the Rilya Wilson Act, published by The Department of Children and Families.

Parent or Guardian Signature: _____

7. I have seen the Distracted Adult flyer, published by The Department of Children and Families.

Parent or Guardian Signature: _____

8. I give permission for my child to watch PG Rated movies.

Parent or Guardian Signature: _____

9. I give Picolata Crossing Extended Day and Picolata Crossing Elementary School permission to communicate as needed in regards to my child's behavior, mood, or anything additional as it is relevant to my child's and the program's best interests.

Parent or Guardian Signature: _____

Please Note any Restrictions if they apply:

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