

Child Data Form

Child's Name: _____ Gender: _____ Date of Birth: _____

Home Address: _____

Mailing Address (if different from above): _____

Child's Primary Language: _____

Child's Physician: _____ (name) _____ (phone #)

Allergies: _____

Religious Observances/Restrictions (dietary, etc.): _____

Parent/Legal Guardian Information

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child? Yes No

Address (if different from above): _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Primary Language: _____

Email Address: _____

Name: _____ Relationship to Child: _____

Authorized to Pick Up Child? Yes No

Address (if different from above): _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Primary Language: _____

Email Address: _____

Name:_____

Date of Birth:_____

PEOPLE AUTHORIZED FOR PICK UP & EMERGENCY CONTACTS:

*Please provide contact information for at least three (3) additional individuals that are permitted and available to pick up your child. **ANYONE PICKING UP A CHILD MUST HAVE A PHOTO ID.***

Name & Relationship to Child	Address	Phone Number(s)
1.)		
2.)		
3.)		
4.)		
5.)		

Please indicate any legal orders regarding guardianship, foster care, or orders of protection related to your child. Please provide a copy of any guardianship orders or orders of protection related to your child.

ORDER OF PROTECTION:

Is your child currently covered by an Order of Protection? YES NO

FOSTER CARE INFORMATION:

Responsible Agency:_____

Agency Address:_____

Caseworker:_____ Phone Number:_____

Signature of Parent/Guardian:_____ Date:_____

Name: _____

Date of Birth: _____

CONSENT FORM:

I give permission for Just Kids Early Childhood Learning Center to photograph/videotape my child, _____ . These photographs/videos may be used for the school's display, website, internet usage, promotional materials, in-service trainings, and/or educational presentations.

Signature: _____

Date: _____

I give permission for Just Kids Early Childhood Learning Center to seek emergency medical treatment for my child, _____ , which may encompass calling my M.D., providing first aid/emergency medical care, including the use of an epinephrine auto-injector for the treatment of anaphylaxis, and/or contacting 911 in the event of an emergency.

Signature: _____

Date: _____

I give permission for Just Kids Early Childhood Learning Center to release and obtain records and information as necessary to and from Just Kids Diagnostic and Treatment Center.

Signature: _____

Date: _____

I understand that my child's daily educational placement does not include a planned nap. In the event that my child is tired and falls asleep in class, they will be provided with a mat, made as comfortable as the classroom allows and continuously supervised by the classroom staff. The nurse may also be called in to assess the wellness of my child. I understand that, if the nurse determines that my child is not well enough to remain in school, I will be called to pick them up.

Signature: _____

Date: _____

I understand that individual student tracking devices are **only** permitted if they **do not** impose on the privacy rights of others. I understand that any and all tracking devices cannot have the ability to look and/or listen in. Just Kids Early Childhood Learning Center has been advised to abide by the Federal Guidelines regarding the privacy of others.

Signature: _____

Date: _____

I give Just Kids permission to post pictures and/or videos of my child on the school's social media pages. I understand that these pictures will be posted to celebrate student achievements and connect families to Just Kids Early Childhood Learning Center.

Signature: _____

Date: _____

I have been informed on how to access the Just Kids Family Handbook which includes information related to parental rights and my child's education. I acknowledge that I can request a copy of the handbook at any time throughout the school year.

Signature: _____

Date: _____



JUST KIDS
an early childhood learning center
Cam-Held Enterprises, Inc.

**NYS PRESCHOOL CONSENT FOR THE USE OF TELEHEALTH /TELE THERAPY
DURING REMOTE LEARNING**

Student's Name:		
DOB:	School District:	
Service Types to be Delivered (Please specify):	SP/ OT/ PT/ VI/ PSY/ ED	
Address:		
Apt #	City/Town:	State: New York
Zip Code:	County:	
Email:		

Dear Parent/Guardian,

Just Kids Early Childhood Learning Center is committed to providing your child's educational and therapeutic services. In the event that your child needs to transition to remote learning, teletherapy/telehealth services and remote instruction will be provided. Please sign the consent below so we may continue to provide continuity of services during times of remote learning.

I (Parent/Guardian of **(Child's Full Name)** _____ consent to have my child's center-based services delivered using teletherapy and other technologies for remote learning in my home. I understand that this model of delivering services will fulfill the mandate for my child's IEP.

I understand that teletherapy and educational services as a delivery method to my home is only available during the event of a transition to remote learning. I am aware that my child's center-based services will resume when remote learning has concluded.

I understand that services will be delivered in a variety of technology-based strategies to appropriately meet my child's needs. I understand that my child's team is accessible to answer any questions that I may have regarding my child's progress during remote learning.

Parent Full Name/Guardian (Print) _____

Parent Signature _____ Date _____