

## **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.): \_\_\_\_\_

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## **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, social media pages, 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 photos and/or videos of my child on Seesaw, the school's communication app. These images will be used to share updates on my child's progress, highlight classroom activities and participation, and contribute to their educational portfolio.

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 /TELETHERAPY  
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 \_\_\_\_\_