

MINI-WORLD CHILD CARE CENTERS

P - ID _____

C - ID _____

CHILD INFORMATION

Last Name _____	First Name _____	Initial _____
Nickname _____	Date of Birth _____	Sex/Gender _____
Address _____	City/Zip Code _____	Home Phone _____
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed _____		
Previous Child Care Programs/Schools Attended _____		
If this child attends MINI-WORLD and another school/program, please list _____		Grade _____

PARENT(S)/GUARDIANS

Father/Last Name _____	First Name/Middle Initial _____	SSAN _____
Home Address _____	City/State/Zip _____	Home Phone _____
Place Employed _____	Work Phone _____	Cell Phone/Pager # _____
Mother/Last Name _____	First Name/Middle Initial _____	SSAN _____
Home Address _____	City/State/Zip _____	Home Phone _____
Place Employed _____	Work Phone _____	Cell Phone/Pager # _____
Person(s) having Legal Custody of Child _____		
Home Address _____		Home Phone _____
Business Address _____		Business Phone _____

Center # 1 Center # 2 Center # 3 Center # 4

MINI-WORLD CHILD CARE CENTERS

EMERGENCY INFORMATION

Allergies or Intolerance to Foods, Medication, Other Substances (wasps, bees, etc.)		
Action to be Taken in an Emergency		
Child's Physician	Address	Phone
WE MUST HAVE TWO (2) ALTERNATE ADULTS TO CONTACT (OTHER THAN PARENTS) SHOULD AN EMERGENCY ARISE AND PARENTS CAN NOT BE CONTACTED, please list.		
Name	Address	Phone (Work & home)
Name	Address	Phone (Work & home)

PICK-UP AUTHORIZATION

Please list below ALL persons YOU AUTHORIZE TO PICK-UP YOUR CHILD			
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Please list ANYONE NOT AUTHORIZED to pick-up your child (who may try). NOTE: Appropriate Documentation must be attached if a PARENT is NOT AUTHORIZED!			
Name	Relationship	Name	Relationship

1. **MINI-WORLD CHILD CARE CENTERS**, agrees to notify the Parent/Guardian whenever your child becomes ill. The Parent/Guardian agrees to arrange for the immediate pick-up of the child if so requested.
2. The Parent/Guardian **AUTHORIZES MINI-WORLD CHILD CARE CENTERS** to obtain immediate **MEDICAL CARE** should any **EMERGENCY** occur and the Parent/Guardian cannot be located. If there is any objection to our seeking Medical Care for your child, a written statement must be attached to the application stating your objection and the reason for such objections.
3. The Parent/Guardian agrees to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reported communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent/Guardian

Date

Parent/Guardian

Date

HEALTH HISTORY

NAME OF CHILD _____ ID# _____

ALLERGIES OR INTOLERANCE TO:

FOOD _____

MEDICATION _____

OTHER SUBSTANCES
(BEES ,WASPS,ETC.) _____

DISEASES:	DATE DIAGNOSED		DATE DIAGNOSED
AIDS	_____	HEART DISORDER	_____
ASTHMA	_____	MEASLES	_____
CHICHEN POX	_____	MUMPS	_____
DIABETES	_____	PNEUMONIA	_____
DIPHThERIA	_____	RUBELLA	_____
OTHER	_____		

HAS YOUR CHILD EVER EXPERIENCED:

SEIZURES _____ DATE _____
OPERATIONS _____ DATE _____

PLEASE LIST ANY CHRONIC PHYSICAL PROBLEMS , ANY PERTTINENT DEVELOPMENTAL INFORMATION AND ANY ACCOMMODATIONS NEEDED.

PLEASE GIVE ANY OTHER INFORMATION OR MEDICAL HISTORY THAT WOULD BE BENEFICIAL TO US:

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN CONTACT

PICK - UP AUTHORIZATION

Child's Last Name _____

First Name _____ DOB _____

First Name _____ DOB _____

Father's Name _____

Home Ph. _____ Work Ph. _____ Cell _____

Mother's Name _____

Home Ph. _____ Work Ph. _____ Cell _____

Other Name _____

Home Ph. _____ Work Ph. _____ Cell _____

AUTHORIZED INDIVIDUALS TO PICK - UP

- _____
- _____
- _____
- _____

UNAUTHORIZED INDIVIDUALS TO PICK - UP

- _____
- _____



Mini-World Child Care Centers

Authorization for Release of Information

I, _____, hereby authorize the use or disclosure of my child's health information as described below to Mini World Child Care. I understand that the information I am authorizing to be disclosed may be subject to re-disclosure by the recipient and no longer be protected by federal privacy regulations.

Child's name: _____
Date of Birth: _____

Persons/organizations providing information:

Persons/organizations receiving information:

Description of information: _____

Purpose of the use or discloser: _____

The parent/guardian must read and initial the following statements:

- I understand that I may request a copy of this form after I sign it.
Initials: _____
- I understand that this authorization will expire on __/__/____, or upon the event of _____.
Initials: _____
- I understand that I may revoke this authorization at any time by notifying the Director in writing, but if I do, it won't have any effect on actions Mini World Child Care took before it received the revocation.
Initials: _____

Parent/Guardian Signature: _____

Date: _____

Should you have any questions regarding this request, please contact the above named Parent/Guardian and/or Mini World Child Care Centers.

Director's Signature: _____

Phone # : _____

Return FAX #: Salem: (540) 387-3572 Botetourt: (540) 992-3101

Salem City

201 Colorado St.
Salem, VA 24153
540-387-3572
Fax: 540-387-3572

Salem City

151 Third St.
Salem, VA 24153
540-387-3225
Fax: 540-387-3572

Botetourt County

3199 Read Mt. Rd.
Cloverdale, VA 24079
540-992-6651
Fax: 540-992-3101

Web: mwccc.com

