

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what?

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason?

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what?

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what?

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___;
Diabetes No ___ Yes ___; Convulsions No ___ Yes ___; Heart trouble No ___ Yes ___.
If others, what/when? _____

6. Does the child have any physical disabilities? No ___ Yes ___ If yes, please describe:

Signature of Parent/Guardian _____ Date _____

POLICIES

Upon enrolling my child/children in the center, I/we agree to the conditions and terms set forth in the Procedures, Policies, and Fee Booklet.

When it becomes necessary for my child/children not to be enrolled at the center, I/we will give a two week notice of departure, followed by a closing of all accounts.

(signature of parent)

RULES AND REGULATIONS

I have received a copy of the North Carolina Child Care Laws and Rules Summary.

Child's name _____

Parent's signature _____

Date _____