All about Me

Childs Name: _____   Nicknames: _____

Childs Age: _____   DOB: _____

Is this my first time in daycare? _____

Siblings (name & ages): _____

Primary Language spoken at home: _____

Personality traits I have: _____

Likes (Interests): _____

Dislikes: _____

Favorite Foods: _____

Least Favorite Foods: _____

Food Allergies (should match health care summary doc fills out : _____

Food Intolerance: _____

Diapering: ☐Diapers ☐In-training ☐Potty-Trained (except nap time) ☐Potty-Trained

Napping habits: _____

Are there any traditions, religious or culture things you would like us to be aware of or know?

_____

Favorite thing(s)(blanket, stuffed animal, etc): _____

Best way to calm when upset or frustrated: _____

Anything else you should know about me & my family:

_____

Initial and Date: _____

Photo Release Form & Walking Permission Slip

As the parent of a child/children at Creative Wonders Childcare, I agree to the following:

• I understand that my child(ren) whose name(s) are listed below may be photographed at Creative Wonders Childcare during normal daycare hours, field trips, or activities.

• I understand that these photographs may be used in school newsletters or mounted on Creative Wonders Childcare website and/or Facebook page.

• I understand that these photographs may be displayed on a bulletin, in a classroom or parent's boards at Creative Wonders Childcare Center.

• I give permission for my child(ren)'s photographs to be mounted on Creative Wonders Childcare's website, Facebook page, or newsletters. (When names are added, only first names will be used.)

The following are the names of my children attending Creative Wonders Childcare:

_____

_____

( ) Yes, I confirm that I have read and understood the above, and agree to have my child (ren)'s photos mounted on the Creative Wonders Childcare website, facebook page, or newsletters.

( ) Yes, I give permission for my child(ren) to go on a walking field trips.

( ) No, I do not wish to have my child(ren)'s photographs published.

( ) No, I do not wish to have my child(ren) to go on walking field trips.

Parent's Name (please print) _____

Parent's Signature: _____

Date: _____