





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):	
Favorite Foods:	
Least Favorite Foods:	
Food Allergies (should match health care summary of	doc fills out :
Diapering: □Diapers □In-training □Potty-Tra Napping habits:	•
Are there any traditions, religious or culture things y	
Best way to calm when upset or frustrated:	
Anything else you should know about me & my fam	nily:
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 t Creative Wonders Childcare website, social media, facebook page, or newsletters.	:he
( ) 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:	