



Child Information



First Lutheran School

Program name

K8

Date

Child Information

Child's name

Gender

Date of birth

Oklahoma

Home street address

City

State

Oklahoma

Mailing address

City

State

Finding directions

ZIP

County

Parent or guardian name, *adult whom child lives with*

Phone

Alternate phone

Place of employment

Business phone

Email

Parent or guardian name, *adult whom child lives with*

Phone

Alternate phone

Place of employment

Business phone

Email

Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Health Record

Child's physician or clinic

Phone

Street address

City

Oklahoma
State

Zip

- I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Yes No

Does your child have any known allergies? When yes, list:

Yes No

Does the known allergy require special precautions, actions, or medications? When yes, describe:

Yes No

Describe any special precautions for diet, medication, or activity, when applicable:

Yes No

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Yes No

Will your child receive any specialized services from professionals outside of this program's personnel?

Yes No

- When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes No

Transportation

- I **do not** give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- When an emergency occurs and I cannot be reached
- Field trips
- To and from home **NOT OFFERED/NOT APPLICABLE**

Drop-off time: NOT OFFERED/NOT APPLICABLE / Pick-up time: NOT OFFERED/NOT APPLICABLE

Specific plan for transfer and supervision:

- To and from home **NOT OFFERED/NOT APPLICABLE**

Drop-off time: NOT OFFERED/NOT APPLICABLE / Pick-up time: NOT OFFERED/NOT APPLICABLE

Specific plan for transfer and supervision:

- Other, specify:

Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

Pick Up Permission

I understand this form is supplied by the Department of Human Services (DHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon DHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care – A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance files are all made accessible to parents in a prominent location.

Parent/guardian signature

Date

Child Care Program Use

Date child entered program: _____ Date child withdrawn: _____



Compliance File Notification

Child Care Programs and Family Child Care Homes



Program Information

First Lutheran School	K8 30007257		
Program name	License Number		
1104 North 4 th Street	Ponca City	OK	74601
Street Address	City	State	Zip Code
1104 North 4 th Street, Ponca City, OK 74601			
Mailing Address			
580-762-1124	David Birnbaum		
Phone	Owner		

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of Birth

Agreement and Signature

- I understand and am aware:
 - This program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
 - Of the Compliance File location and its contents
 - This form is to be completed
 - Upon child enrollment, and
 - Every 12 months thereafter.
 - A copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

Parent or legal guardian name	Parent or legal guardian signature	Date
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