

Child's Personal Data Sheet

1. Name _____ DOB ____ / ____ / ____

Father's Name _____ Mother's Name _____

Home Address _____

City _____ State _____ ZIP _____ Phone _____

Father's Employer _____ Work Phone _____ Work Hours _____

Mother's Employer _____ Work Phone _____ Work Hours _____

Date enrolled in center _____ Date withdrawn from Center _____

Name of Center Christian Scholars Learning Academy Clock hours in Care ____ / ____



2. Emergency Contact Information

Name of person to call if parents cannot be reached _____

Relationship _____ Telephone _____

Address _____ City _____ State _____ ZIP _____

Is this person authorized to take the child from the center? _____

List all other adults who are authorized to take the child from the center:

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
Address	_____	Address	_____	Address	_____
City	State ZIP	City	State ZIP	City	State ZIP
_____	_____	_____	_____	_____	_____
Telephone	_____	Telephone	_____	Telephone	_____



3. Medical Information

Child's Physician or emergency treatment facility _____

Address _____ City _____ State _____ Phone _____

I, _____
Father
Mother **(CROSS OUT WORDS THAT DO NOT APPLY)** of
Guardian

 (Child's Name) do hereby give my consent to the Director of the Child Care Facility, or his

duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signed _____ Date _____ Witness _____ Date _____

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I hereby give ____ / do not give ____ the Director of the Child Care Facility or his appointed representative

permission to give _____ acetaminophen. I understand I will be notified
(Child's Name)
that the medication has been administered.

Signature _____ Date _____



4. Immunizations: Please Provide a copy of your Child's Immunization Record.

Verified by Health Department Record _____ Physician's Record _____ Other _____



5. Disease History: List the dates of each:

Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Whooping Cough _____
Contracted Tuberculosis: Yes _____ / No _____ Frequent Ear Infections Yes _____ / No _____

Frequent Throat infection Yes _____ / No _____ Defective Heart Yes _____ / No _____

Other Conditions or Comments _____



6. Child's developmental needs:

Physical or emotional problems the child might have: _____

Child's special food needs: Formula _____ Diabetic diet _____ Allergies _____

Special problems: Medications _____

Allergies _____ Temper Tantrums _____ Diabetes _____ Frequent colds _____

Biting _____

Sun Sensitivity _____ Seizures _____ Fainting Spells _____ Bed wetting _____ Other _____

Requires help in: Dressing _____ Undressing _____ Toileting _____ Eating _____ Washing hands _____

Is Child toilet trained? Yes _____ / No _____ Words used in toileting _____

Favorite: Games _____ Toys _____ Foods _____

Siblings? Yes _____ / No _____ Name(s) of siblings: _____

Type of child care used before _____

Other useful information _____



7. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature _____

Date _____



Additional comments: _____

Email address _____

Christian Scholars Learning Academy

BEHAVIOR GUIDANCE

MINIMUM LICENSING REQUIREMENTS

FOR

CHILD CARE FACILITIES

CHRISTIAN SCHOLARS LEARNING ACADEMY USES THE FOLLOWING METHODS OF BEHAVIOR GUIDANCE.

** PHYSICAL PUNISHMENT SHALL NOT BE ADMINISTERED TO CHILDREN.

** THE LENGTH OF TIME A CHILD IS PLACE IN TIME OUT SHALL NOT EXCEED ONE MINUTE PER YEAR OF THE CHILD'S AGE.

** TIME-OUT SHALL NOT BE USED FOR CHILDREN UNDER TWO YEARS OF AGE

** INCLUDED ARE 500 BEHAVIOR GUIDANCE REQUIREMENTS 501 AND 502 IN THE MINIMUM LICENSING REQUIREMENTS FOR CHILD CARE CENTERS OF AR.

"I HAVE READ AND UNDERSTAND THE BEHAVIOR GUIDANCE POLICY OF THE CHILD CARE FACILITY. I GIVE MY PERMISSION FOR THE USE OF ALL METHODS SET OUT ABOVE."

PARENT/GUARDIAN _____ DATE _____

IF THE PARENT/GUARDIAN DISAGREES WITH ANY BEHAVIOR GUIDANCE METHOD ABOVE, PLEASE LIST METHOD PREFERRED.

PLEASE NOTE: PHYSICAL PUNISHMENT SHALL NOT BE ADMINISTERED TO CHILDREN. MIN. LICENSING REQUIREMENTS

Christian Scholars Learning Academy

Multiple Verification and Consent Form

INTERVIEWING CHILDREN

This is a statement of verification that I have been informed that Child Care Licensing/ Investigators / Law Enforcement, etc. may possibly interview my child. This is in accordance with Minimum Licensing Requirements DCCECE/ Child Care Licensing Unit 200.3.

Parent's Signature

Date

KINDERGARTEN READINESS SKILLS

This is to acknowledge that I have received the Kindergarten Readiness Skills calendar for my child. I also understand it can be accessed through the Little Rock School District website, www.lrsd.org. This is in accordance with Minimum Licensing Requirements: DCCECE / Child Care Licensing Unit 200.4

Parent's Signature

Date

CONSENT

I give written permission to apply suntan lotion / sunscreen for my child in weather conditions which may make it necessary to do so. In accordance with Minimum Licensing Requirement: DCCECE / Child Care Licensing Unit: 1101.16

Parent's Signature

Date

SHAKEN BABY SYNDROME

I have been given information about the prevention of Shaken Baby Syndrome upon enrollment. (if applicable)

Parent's Signature

Date

Revised 2/05/2020

Agreement Page

Christian Scholars Learning Academy does Department of Human Service vouchers at this time.. Parents are expected to pay for all time their child attends when DHS does **NOT** pay. **Such as, when you want your child to attend BEFORE their voucher is approved or you have exceed your absentee days on your voucher.** These fees will be due on the first day your child attends. Parents who are assigned a co-pay are required to pay each school week, on the Monday of that week unless prior arrangements have been made with the Director or Owner. It is the **parent's responsibility to report to their caseworker,** in a timely manner, in order to maintain a consistent payment schedule between DHS and Christian Scholars Learning Academy. **Parents are required to pay any late pick-up fees occurred by them.**

I have read and understand the Parent Handbook and agree to abide by the policies and procedures as stated INCLUDING the non-refundable registration fee, weekly and holiday charges, attendance and health policies. I have also participated in the parent conference with the Director or designated staff.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

I have given the above parent an opportunity to ask questions and discuss the policies of the Arkansas Department of Human Services and Christian Scholars Learning Academy and any other items of concern during the parent conference.

Directors or Representative of CSLA

Date

THE ORIGINAL SIGNED COPY OF THIS PAGE MUST BE PLACED IN THE STUDENT'S FILE.

Notes:

CHRISTIAN SCHOLARS LEARNING ACADEMY

.....

Christian Scholars Learning Academy loves to take photographs of our children while they are interacting with others, on field trips, and enjoying their day. As advised by Child Care Technical Assistance, we post photographs of students and families in the classrooms and throughout the Center. We would like your permission to share these photographs on our bulletin boards, and CSLA private Facebook page. Please read and sign the Permission to Photograph below:

I, _____, give permission for CSLA to photograph
(Parent or Guardian name)
my child, _____, for the following purposes:
Child's name

- Display in CSLA scrapbook shown to current and prospective clients.
- Display on CSLA bulletin boards
- Displayed on CSLA website
- Displayed on CSLA Facebook page
- Displayed on CSLA television monitors
- For CSLA promotional events
- Other: (Please List)

****Only first names and possibly last initials, if any, will be displayed on CSLA websites.**

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent Signature

Date