



Family Stresses (Check all that apply)

	Current	Past		Current	Past
Marital Problems			Housing Problems		
Marital Separation			Legal issues		
Divorce			Death of a Friend		
Custody Disputes			Death of a Relative		
Financial Problems			Death of a Pet		
Job Loss			Family Illness		
Parents Using Alcohol/Drugs			Other		

Medical History

Condition	Yes	No	Age	Details
Serious Infection				
Head Injuries				
Convulsions/Seizures				
Ear Infections				
Surgeries				
Asthma				

Does your child currently have any other health conditions? ( ) Yes. ( ) No

If yes, please describe:

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Is your child currently taking any medications? ( ) Yes ( ) No

If yes, please list them below.

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Behavior	Current	Past	Behavior	Current	Past
Complaints of aches or pains (Without Medical Cause)			Diarrhea or loose bowels (when not sick)		
Acts too young for age			Easily jealous		
Afraid to try new things			Fears certain animals, situations, or places		
Avoids looking others in the eye			Feelings are easily hurt		

Can't sit still, restless			Easily frustrated		
Can't stand having things out of place			Gets overly upset when separated from parents		
Can't stand waiting, wants everything now			Looks unhappy without good reason		
Chews on things that are not edible			Gets in many fights		
Clings to adults, or too dependent			Has trouble sleeping		
Constantly seeks help			Hits others		
Cries a lot			Angry moods		
Defiant			Nightmares		
Demands must be met immediately			Shows panic without good reason		
Destroys his/her own things			Physically attacks people		
Destroys things belonging to his/her family or other children			Picks nose, skin, or other parts of body		
Has a hard time following direction			Resists going to bed at night		
Disturbed by any change in routine			Selfish or won't share		
Doesn't want to sleep alone			Too shy or timid		
Doesn't answer when people talk to him/her			Shows little affection towards people		
Doesn't eat well			Sullen, stubborn, or irritable		
Doesn't get along with other children			Shows too little fear of getting hurt		
Doesn't know how to have fun; acts like a little adult			Seems unresponsive to affection		
Doesn't seem to feel guilty after misbehaving			Withdrawn, doesn't get involved with others		
Doesn't want to go out of home			Worries often		

Is there any other information you would like us to know about your child(ren)? If so, please list

is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your family supports?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your family strengths?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PEERS Staff Only

	Civilian
County	

## DROP-IN-CHILDCARE

### CHILD HEALTH AND EMERGENCY INFORMATION

Date: \_\_\_\_\_ Date Shot Record Copied: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Military Status: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Military Status: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Other important Information (medical, behavioral patterns, etc.): \_\_\_\_\_

\_\_\_\_\_

Persons Responsible for drop off/pick up of child, including all eligible persons. (Photo ID

Required Upon Pick-up):

\_\_\_\_\_

\_\_\_\_\_

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List person's to contact in case of emergency and parent(s) cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**\*\*\*AUTHORIZATION FOR EMERGENCY MEDICAL CARE\*\*\***

In case of an accident/illness requiring medical attention, the undersigned authorizes PEERS staff to call a physician or take the above-named child to the nearest hospital or medical provider.

Physician Preference (please include name, address and phone number):

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Hospital Preference (please include name, address, and phone number):

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It is understood that, if possible, the physician's services will be obtained. If neither the parent(s) nor doctor can be reached, the childcare provider (PEERS) is authorized to contact another medical provider. It is also understood this agreement covers only those situations, which, in the best judgement of the childcare provider (PEERS) are true medical emergencies. I agree to be responsible for the cost of such emergency medical care.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Photo Release Authorization Form

I give PEERS Family Development Center, its nominees and agents, and assignees unlimited permission to use, publish, and republish for the purposes of advertising and trade and for such use as it may determine, information and reproductions of my likeness (photographic or otherwise).

Name of person being photographed and/or recorded:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Consent of parent or legal guardian, if above is a minor; I consent and agree, individually and as a parent/legal guardian of the minor named above, to the foregoing terms and provisions.

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Rules For the PEERS Childcare Program

1. No sick child(ren) will be admitted.
2. Always leave a working phone number where you can be reached in the event of illness, an emergency (to include care/transport), or other needs.
3. Bring the following items with your child's name on each: formula, baby food, diapers, wipes, a change of clothing, lunch, and a drink.
4. Please DO NOT bring toys from home.
5. PROOF of immunizations is required. PEERS will make a copy of your child's record to remain with their record. We will ask this be updated annually.
6. Your child(ren) MUST BE PICKED UP BY 1:00PM
7. A reservation is required due to limited availability. Reservations can be made up to two weeks in advance.
8. PEERS reserves the right to refuse admittance of any child(ren) if deemed appropriate by staff members.
9. You may be called to pick-up your child early for any reason staff deems appropriate. Staff may call for parent/legal guardian to pick-up a child early if the child has not adjusted to the center within an appropriate time frame to alleviate the child's discomfort.
10. The childcare service may only be used one day a week per child. Children can attend other times if the parent(s)/legal guardian are participating in a parenting class.
11. Children must arrive by 9:30am or previous arrangements must have been made.

I, \_\_\_\_\_, have read and understand the PEERS Childcare rules and agree to abide by the rules. I understand that if I fail to comply with the rules I may be restricted or dismissed from the childcare program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Shot Records Updated

Date and Initial: \_\_\_\_\_

Date and Initial: \_\_\_\_\_

Date and Initial: \_\_\_\_\_

Date and Initial: \_\_\_\_\_

Date and Initial: \_\_\_\_\_