

**First Lutheran Children's Programs**  
**FAMILY INFORMATION FORM – Page 1**

Please complete ONE form per family

Please Print Clearly

**Family Information:**

Date Form Completed: \_\_\_\_\_

**Children Attending Our Program:**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Siblings NOT Attending Our Program:**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street City State Zip Code*

**Custodial Parent/Guardian's Name:** \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street City State Zip Code*

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_  
*Street City State Zip Code*

Home Email Address \_\_\_\_\_

Work Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Second Parent/Guardian/Emergency Contact's Name:** \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street City State Zip Code*

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_  
*Street City State Zip Code*

Home Email Address \_\_\_\_\_

Work Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## First Lutheran Children's Programs FAMILY INFORMATION FORM – Page 2

Please complete ONE form per family

Please Print Clearly

**Family Information:**

Date Form Completed: \_\_\_\_\_

**Children Attending Our Program:**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Family Status** (Please circle)

Parents Live Together

Parents Live Separately

Single Parent Household

Shared Custody

Living with Grandparent(s)

Other

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### CUSTODY ARRANGEMENTS/AGREEMENTS/GUARDIANSHIP

Please explain and attach supporting documentation, such as a copy of a court decree or separation agreement. Please include dates. Custody Arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CALL LIST/PERSONS AUTHORIZED TO PICK UP CHILD

Please list four (4) persons to call, in preference order, that are authorized to pick your child up from our program and/or that we can call in an emergency if we cannot reach you. In the case of an emergency or when you cannot be reached we will call someone else to report the emergency and decide on an appropriate course of action. In addition, if the individual will be picking up your child, please have him/her bring a form of photo ID, such as a driver's license or passport. **DO NOT LIST YOURSELF OR YOUR SPOUSE** (if listed above as parent).

FULL NAME OF INDIVIDUAL	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
1.				
2.				
3.				
4.				

**First Lutheran Children's Programs**  
**CHILD ADMISSION & HEALTH HISTORY FORM – Page 1**

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

Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

The information on this form is not part of the child's acceptance process, but is gathered to assist us in identifying appropriate care.

**Name of Family Physician** \_\_\_\_\_

Phone \_\_\_\_\_

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

**Name of Family Dentist/Orthodontist** \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Policy holder or insurance ID number \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Parent/Guardian Authorization:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all program activities except as noted.

I hereby give permission for the FLCP staff to release medical information contained in my child's file to medical personnel. I hereby give permission to the medical personnel selected by the program director to order routine test, x-rays, treatment; to release any records necessary for insurance purposes; and provide or arrange necessary related transportation for me/or my children. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the person named above.

**Signature of parent or guardian:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

**First Lutheran Children's Programs  
CHILD ADMISSION & HEALTH HISTORY FORM – Page 2**

Child's Name: \_\_\_\_\_

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

**Allergies**

\_\_\_\_\_ My child has no known allergies

\_\_\_\_\_ My child has allergies listed below (**Please complete an Allergy Log**)

**Please list all known allergies:**

**Medication Allergies**

**Food Allergies**

**Other Allergies (\*)**

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(\*) Other allergies include insect stings, hay fever, asthma, animal dander, etc.

**RESTRICTIONS: The following restrictions apply to this individual:**

**Dietary Restrictions:** \_\_\_\_\_  
\_\_\_\_\_

**Activity Restrictions:** (e.g. what can't be done, what adaptation or limitation are necessary)

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**MEDICATION BEING TAKEN**

**Please list all medications. If medication is to be administered while your child is at FLCP, it must be in the original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage and the frequency of administration. Over the counter medicines will be administered only with a doctor's note with the same information listed for prescriptions.**

This person takes medications as follows:		
Med.#1 _____	Dosage _____	specific time of day _____
Med.#2 _____	Dosage _____	specific time of day _____

**First Lutheran Children's Programs  
CHILD ADMISSION & HEALTH HISTORY FORM – Page 3**

**Child's Name:** \_\_\_\_\_

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

**GENERAL Questions (Explain "yes" answers below)**

<b>Has/does the participant:</b>	<b>Yes</b>	<b>No</b>
1. Had any recent injury, illness or infectious disease?	Y	N
2. Have a chronic or recurring illness/condition?	Y	N
3. Ever been hospitalized?	Y	N
4. Ever had surgery?	Y	N
5. Have frequent headaches?	Y	N
6. Ever had a head injury?	Y	N
7. Ever been knocked out?	Y	N
8. Wear glasses, contacts or protective eyewear?	Y	N
9. Ever had frequent ear infections?	Y	N
10. Ever had seizures?	Y	N
11. Ever diagnosed with a heart murmur?	Y	N
12. Have asthma?	Y	N
13. Have diabetes?	Y	N
14. Ever had emotional difficulties where professional help was sought?	Y	N
15. Have any skin problems?	Y	N

**Please explain any "yes" answers, noting the number of the question.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide us with the most recent copy of your child's immunization records.**

\_\_\_\_\_ Attached are my child's most recent immunization records.

\_\_\_\_\_ I have chosen not to have my child immunized. Please provide a letter stating reason (religious belief, medical reason, personal belief, etc.).

\_\_\_\_\_ My child's immunization records have not changed since last year.  
                   \_\_\_ / \_\_\_ / \_\_\_ Date of most recent immunization

**Which of the following illnesses has the participant had?**

Measles \_\_\_\_\_                      Mumps \_\_\_\_\_                      German Measles \_\_\_\_\_

Chicken Pox \_\_\_\_\_                      Hepatitis \_\_\_\_\_

TB Mantoux Test Results:                      \_\_\_\_\_ Positive                      \_\_\_\_\_ Negative

**Screening Tests: Has your child had any screening tests (e.g. hearing, vision, etc.)? If yes, please list the test, provide test results and any follow-up, if required.**

<u>Test</u>	<u>Test Results (normal, abnormal, etc.)</u>
_____	_____
_____	_____
_____	_____

**First Lutheran Children's Programs**  
**CHILD ADMISSION & HEALTH HISTORY FORM – Page 4**

Child's Name: \_\_\_\_\_

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

1. For SAC children, please list grade & teacher.

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

2. What special interests, talents and skills does your child have? \_\_\_\_\_

\_\_\_\_\_

3. How would you best describe your child in a group? Circle all that apply.

shy                  a loner                  competitive                  cooperative                  disruptive

4. Is your child generally: Circle all that apply.

cooperative      happy                  angry                  whiny                  submissive

aggressive                  sensitive                  quiet

Please list other behavior characteristics of your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does your child exhibit specific fears?                  Yes                  No

Please explain: \_\_\_\_\_

6. Is there any social or emotional adjustment information we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



7. Please tell us any other pertinent information (behavior, physical, emotional, or mental health) that you feel we should know about your child in order to help us make this experience happy, healthy and enriching. Thank you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What languages does your family speak at home?

\_\_\_\_\_

**First Lutheran Children's Programs  
Allergy Log & Action Plan**

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

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

Class: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

My child has no known allergies	<input type="checkbox"/>
My child has allergies (listed below)	<input type="checkbox"/>

If your child has allergies, please complete the following ALLERGY LOG and ACTION PLAN so we can respond quickly and appropriately if your child has an allergic reaction while with us.

Allergy Triggers	Allergic Responses (check all that apply)							
	Runny Nose	Scratchy Throat	Hives	Itching	Rash	Face/Neck Swelling	Difficulty Breathing	Other
<b>FOODS:</b>								
Shellfish								
Peanuts								
Eggs								
Wheat								
Soy								
Tree Nuts								
Milk								
Juices with dyes								
Other:								
<b>MEDICATIONS: Please list names</b>								
Antibiotics								
Pain Medications								
Anesthetics								
Other:								
<b>ENVIRONMENTAL:</b>								
Dust								
Mold								
pollen								
Grasses								
Trees								
Cats								
Dogs								
Insects								
Other:								

Medication for above medical situation (please list)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Action Plan (please list in order of process):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**First Lutheran Children's Programs  
First Lutheran Day Camp**

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

**Permission to Photograph**

First Lutheran Children's Program photographs and videotapes the children during their classroom activities for distribution in children's and church newsletters, web site, slide shows and during program events.

I, \_\_\_\_\_ (parent/guardian's name), give permission for First Lutheran Children's Programs to photograph my child/children for the following purposes:

Type of Use:	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
1. Give photos to current families		
2. Display in facility's scrapbook or bulletin boards, shown to current and prospective families		
3. Display on facility's website**		
4. Use in promotional materials		
<b>Videos:</b>		
1. Give video to current parents		
2. Display video on web site		
3. Use video on promotional materials		
<b>Other:</b>		
Email photos of classroom activities to current parents		

\*\*No child names will be used on our web site

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. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of child care services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date



**First Lutheran Children's Programs  
First Lutheran Day Camp**

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

Please initial next to the following policies/permissions and sign the bottom of this form.

\_\_\_\_\_ **File Confidentiality Policy**

I understand that by enrolling my child at First Lutheran Children's Programs, I am giving permission to the FLCP to maintain and access my child's confidential record containing enrollment information, health information and other pertinent forms. Only authorized persons may have access to these files. Authorized persons include staff members, State of Maine licensing agents and legal parent/guardian.

\_\_\_\_\_ **Two Week Notice**

I understand that I must give First Lutheran Children's Programs a two week written notice when I

- make a change in my child's/children's schedule
- withdraw my child/children from the program

I understand that if I fail to give a two week written notice, I am obligated to pay two weeks' worth of tuition past the last day of my child's attendance.

\_\_\_\_\_ **Policy and Procedure Agreement**

I certify that all the answers and statements contained in the Admission Information Sheet are true to the best of my knowledge and belief. I also affirm that I have read and understand the First Lutheran Children's Programs policies as outlined in the appropriate handbook.

\_\_\_\_\_ **Peanut and Tree Nut-Free Policy**

Due to severe allergies, please be aware that **FLCP is peanut and tree-nut free**. We ask that you adhere to our policy at all times. Please make sure to read the label of all pre-packaged or processed food and snacks to ensure that it is nut-free. Please read the label to make sure the snack is not processed in a facility that also processes peanuts and tree nuts.

Please sign below stating that you have read, understand and agree to all policies that you have initialed above.

\_\_\_\_\_  
*Parent/guardian signature*

\_\_\_\_\_  
*Date*

**First Lutheran Children's Programs  
First Lutheran Day Camp**

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ FLCP Program: \_\_\_\_\_

**Field Trip Permission**

I give permission for my child to be escorted away from the First Lutheran Church grounds to go to playgrounds, playing fields, beaches and other locations. I understand that the modes of transportation will be any or all of the following: by foot, city bus, van and chartered bus.

Toddlers – typical field trips include buggy/carriage rides around the neighborhood and to Lyseth Elementary School grounds

Preschool – typical field trips may include walking field trips to neighborhood locations & the Lyseth Elementary School playground

School Age Care – typical field trips may include walking field trips to neighborhood locations & the Lyseth Elementary School playground

Day Camp – typical field trips may include walking field trips to neighborhood locations & the Lyseth Elementary School playground. Day camp also takes field trips to state and municipal parks and beaches once per week. Field trips destinations are listed in our camp brochure.

\_\_\_\_\_  
*Parent/guardian signature*

\_\_\_\_\_  
*Date*

**Water Participation Permission**

My child has permission to participate in water activities at First Lutheran Day Camp/First Lutheran Children's Programs. This may include an inflated water slide, wading pools (water 24 inches or below) and sprinkler activities.

\_\_\_\_\_  
*Parent/guardian signature*

\_\_\_\_\_  
*Date*