

# WHITWORTH INSTITUTE OF MINISTRY

## Early Childhood Information Sheet

Thank you for bringing your child. We are very happy to have her/him here and we will care for them with love and sensitivity. Your child's caregivers would like to pray for and prepare for your child. Sending in this form before your arrival gives us a unique opportunity to do this.

Name \_\_\_\_\_

Nickname \_\_\_\_\_ Age \_\_\_\_\_

Sleeping Time (naps and at night) \_\_\_\_\_

Any routines we should know about if your child will be sleeping while in our care? \_\_\_\_\_  
\_\_\_\_\_

What does your child do when he/she is tired or "loses it"? \_\_\_\_\_

Does your child have a favorite toy, blanket, or . . . that comforts them? If so, please explain.  
\_\_\_\_\_

Feeding Times \_\_\_\_\_

(For Infants and Toddlers) Can your child eat Ritz crackers and /or Cheerios? \_\_\_\_\_  
Can they eat the Elementary program snack (will cut up if needed)? \_\_\_\_\_  
*Preschoolers will be eating the same snack (typical VBS snacks) as the Elementary program unless requested otherwise.*

Does your child have any Preschool/Daycare experience? \_\_\_\_\_

Siblings: names/ages \_\_\_\_\_

What comfort/skill level does your child have in/with water? (We have a small wading pool and a sprinkler outside and possible access to the college pool) \_\_\_\_\_  
\_\_\_\_\_

Any other strengths or challenges we should know about to help the week go smoother?  
\_\_\_\_\_  
\_\_\_\_\_

Any other information concerning care, special routines, favorite things, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***(Please print the Information Sheet and Consent Form on separate sheets of paper)***

## CONSENT FORM

We require a permission form, which will allow us to obtain medical care for your child in case of emergency.

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

Cell phone number: \_\_\_\_\_

**MEDICAL RELEASE:** In case of emergency, I hereby give an agent of Whitworth University Institute of Ministry the permission to carry out the following procedure in this order:

1. Give immediate attention as requires.
2. Call 911 if appropriate.
3. Contact parents.

I understand that if I cannot be reached, the agent of the Whitworth University Institute of Ministry may authorize medical treatment as needed. I give permission to a licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deem necessary in the circumstances; and hereby absolve Whitworth University, the Whitworth Institute of Ministry, its agents and employees from any and all liability.

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

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

Who to call in an emergency if I'm not available:

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

Child is allergic to the following drugs: \_\_\_\_\_

If none, so state: \_\_\_\_\_

Child has the following medical conditions: \_\_\_\_\_

If none, so state: \_\_\_\_\_

Child has the following food allergies:

\_\_\_\_\_

If none, so state: \_\_\_\_\_

*(Please print the Information Sheet and Consent Form on separate sheets of paper)*