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

**FRIENDLY HOUSE YOUTH PROGRAMS**

**1221 Myrtle Street**

 **Davenport, IA 52804**

**Program: Full Day Preschool Partial Day Preschool After School Plus Day Summer**

**IDENTIFICATION INFORMATION: Date**

Child's Name

 (Last) (First) (Middle) (Nickname)

Address Phone

 Parent Email

 (City, State) (Zip)

Birth Date School Grade Gender M F Age

(if in elementary school already)

**Parent(s) and/or Guardian(s)**

1.

 Name Address City Zip

Primary Phone Number Secondary Phone Number Work Phone Number

2.

 Name Address City Zip

Primary Phone Number Secondary Phone Number Work Phone Number

**FAMILY INFORMATION:**

|  |  |
| --- | --- |
| Ethnicity: (select *only one)* Hispanic or Latino Not Hispanic or Latino | Race: (select *all that apply)* American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White |

Total number in family

Annual Household Income

\*(including income from wages, salaries, child support, social security, pensions, & welfare)

Single Female Head of Household? Yes No

Is there a Veteran in the home? Yes No

Where did you get information about this program?

**AGENCY USE ONLY**

Household Size

Annual Household Income Category (circle one):

Very Low (30% and lower) Low (31% to 50%) Moderate (51% to 80%)

Full day PS fee Partial day PS fee AS fee SDC fee PLUS fee

Staff Member Date

**AUTHORIZATIONS**

**AUTHORIZATION FOR PICKUP**

I authorize the Friendly House to allow the following persons to pick up my child from the Friendly House program:

NAME PHONE # RELATIONSHIP

Signed: Date:

 (Parent or Guardian)

**CUSTODY/RESTRAINING ORDERS**

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name: Name:

**TRAVEL AND ACTIVITY AUTHORIZATION**

I do/do not give permission for my child to leave the Friendly House for trips to special places and/or events, walks to the park, shopping trips, etc. Restrictions on such trips:

Signed: Date:

**PICTURE AUTHORIZATION**

I give permission for my child to have his/her picture taken during special events. I realize these could be used for publicity purposes.

Signed: Date:

Parent's Signature Date Friendly House Staff Signature Date

**GENERAL QUESTIONS:**

1. Has your child had group experiences? (day care, school, church, etc.)
2. Does he/she accept new people easily?

3. What types of activities does your child enjoy?

4. Does he/she have any special interests?

 5. Does your child have any fears?

6. Any nervous habits? (thumb sucking, stuttering, chewing hair, etc.)

7. When does he/she show them?

8. Does your child speak English? Yes No If no – what is their primary language?

9. Is your child on any regular medication or does he/she have any physical or emotional needs?

10. Give any further information which you believe will be helpful to us understanding your child.

**DISCLOSURE OF MEDICAL STATUS**

My child, is: (check all that apply)

 free of any communicable disease

 suffers from the following allergies: (please list)

is taking the following medications: (please give name of medication & dosage)

is experiencing the following acute or chronic medical conditions: (please list)

I verify that the information on this form is correct and that I have received a copy of the program's policies and procedures. I give Friendly House permission to obtain a copy of my child's immunization card and physical record from his/her school if this information is not supplied by me. I understand that I may be requested to supply documentation to verify this information.

Signed Date (Parent or Guardian)

Signed Date (Program Supervisor)

NOTE: All applications will be on file at Friendly House and will be kept "confidential". Thank you for your cooperation.

*Friendly House provides services to all individuals regardless of race, color, religion, creed, sex, national origin, ancestry, familial status, marital status, age, physical disability, mental disability, gender identity, sexual orientation and any other class that is protected by federal, state, or local law. Special Services are available upon request.*

**PARENTAL EMERGENCY MEDICAL CONSENT**

This form must be presented upon admission for treatment.

Friendly House Youth Programs

Child’s Full Name Date of Birth

**1. Parents/Guardians/Custodians with Whom the Child Resides**:

Name Relationship to Child

Address Primary Phone

 Employer Department

 Work Phone Work Hours

Name Relationship to Child

Address Primary Phone

 Employer Department

 Work Phone Work Hours

**2. Person to contact in case of emergency if parents are unavailable, and are authorized to pick up child:**

Name Relationship to Child

Address Primary Phone

 Employer Department

 Work Phone Work Hours

**3. Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?**

Name Name

**4. Information:**

Physician’s Name Dentist Name

Street Address Street Address

City, State City, State

Phone # Phone #

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Last Tetanus: Known Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Medication Religious Preference (Optional)

Insurance Company Policy Holder’s I.D. No Insurance

This form allows parents and guardians to authorize the provision of emergency treatment for the above named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event that reasonable attempts have been made to contact me, I hereby give consent for the administration of any treatment deemed necessary by my child’s physician or dentist. In the event the designated practitioners are not available, I then give consent to another licensed physician or dentist at my preferred hospital.

This consent will be in effect for one year beginning (date) to be filled in by F.H. staff

Signature Parent/Guardian Date Signature Parent/Guardian Date





FRIENDLY HOUSE AFTER SCHOOL PROGRAM

1221 Myrtle Street

Davenport, IA 52804

563-323-1821

Iowa Child Care Licensing Standards require that child-care programs operating for 5 to 10 year olds maintain a staff to child ratio of 1:15. One exception to this standard is when transporting students from school to the program site:

*“When seven or more children over the age of three are present on the licensed premises or are being transported on one vehicle, at least two adult staff shall be present. Only one adult is required when a center is transporting children in a center-owned vehicle with parent authorization for the sole purpose of transporting children to and from school...”* Section 109.8, f

Consequently, the parent(s) of any child being transported from Madison, Garfield, Adams, or Jefferson school must complete the form below.

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I understand that my child will be transported to the center with only one adult for the sole purpose of transporting children from school. My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be transported from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school). This includes days in which there is early release at the school.

I affirm that my child’s participation in the transportation program is entirely my choice with the understanding of risk or accidental injuries that may be involved in any transportation program in our center.

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

(Parent signature) (Date)