



Child's Full Name:

(First Name, Middle Name, Last Name, Preferred Name)

Date of Birth: (mm/dd/yyyy) **Age:** **Social Security Number:** - - **Sex:** Male Female

Race: Asian Black Native American Pacific Islander White Other _____
(Check all that apply)

Languages Spoken: English (Primary, 1, 2, 3, 4) Spanish (Primary, 1, 2, 3, 4) French (Primary, 1, 2, 3, 4)
 Other _____ (Primary, 1, 2, 3, 4)

Nationality: _____ **Ethnicity:** _____

Living Address: _____

City: _____ **State:** _____ **Zip-Code:** _____

Health Insurance Information

Medicaid Eligibility Status: Eligible; ID #: _____ Not Eligible Potentially Eligible

Primary Health Coverage: _____ **Insurance ID:** _____

Primary Care Physician (Primary Doctor): _____

Primary Hospital or Medical Facility: _____

Primary Number: - - **Fax Number:** - -

Health Information

Medical Conditions: ADD/ADHD Breathing Condition Emotional Growth
 Diabetes Physical Disability _____

Medication(s) Begin Taken: _____

Allergies: _____

Special Dietary Needs: Diabetic Vegetarian (No Pork) Vegan (No Dairy, No Meats)
 Lactose Intolerant Other: _____

Eating Habits: _____
(How often does your child like to eat? What time of day does your child to eat? What is your child's favorite food?; etc)

Sleeping Habits: _____
(When is your child's bed time? What time do they awake? Is a nap apart of their routine? Where does your child sleep?)

Bathroom Habits: Fully Potty Trained Potty Training in Progress Diapers



Primary Guardian Information

Primary Contact Person: _____ **Relationship:** _____

(First Name, Last Name, Preferred Name, Relationship)

Home Phone: - - **Mobile Phone:** - - Text Messaging Available

Personal Email: _____

Mailing Address: _____

(If the mailing address is the same as child's living address leave blank)

City: _____ **State:** _____ **Zip-Code:** _____

Employer _____ **City:** _____ **Zip-Code:** _____

Job Title: _____ **Yrs Employed:** _____

Work Phone: - - **Fax Number:** - -

Work Email: _____

Secondary Guardian Information

Secondary Contact Person: _____ **Relationship:** _____

(First Name, Last Name, Preferred Name, Relationship)

Home Phone: - - **Mobile Phone:** - - Text Messaging Available

Personal Email: _____

Mailing Address: _____

(If the mailing address is the same as child's living address leave blank)

City: _____ **State:** _____ **Zip-Code:** _____

Employer _____ **City:** _____ **Zip-Code:** _____

Job Title: _____ **Yrs Employed:** _____

Work Phone: - - **Fax Number:** - -

Work Email: _____

Emergency Contact Information

Emergency Contact Person: _____ **Relationship:** _____

(First Name, Last Name, Preferred Name, Relationship)

Home Phone: - - **Mobile Phone:** - - Text Messaging Available

Personal Email: _____

* This page shall also act the Emergency Contact form on record of the child, identified. If the parties identified are not eligible to be the Emergency Contact Form please request an Emergency Contact Form.



Enrollment Status

Start Date: _____ Classroom: _____ child has an IEP/IDP/IFP

Person/Organization Responsible for Childcare service fees

Party Responsible	Contact Person (Record or Case ID if required)	Payment Schedule
<input type="checkbox"/> Childcare Partnership		
<input type="checkbox"/> Foster care		
<input type="checkbox"/> Private		

Righteous Beginnings Learning Center ("RBLC") acknowledges the HIPPA Act Standards, which enforces standards for health information and guarantees privacy and security of health information.

- The aforementioned health history and I understand that no medication will be administrated unless the "Medical Log" is completed and signed by the Parent/Guardian.
- The child described herein has my permission to participate and engage in all child care activities, unless otherwise noted.
 - Walking within the neighborhood to the local library, park, etc.
 - Swimming, Playground Activities, Physical education
 - Transported by facility; field trips
- I understand that "RBLC" has administrative control over "RBLC" staff during "RBLC" sanctioned programs and/or events. Any arrangement outside these sanctioned programs and/or events is the sole responsibility of the parent/guardian.
- I understand the fee structure of "RBLC" programs and will pay according to the prescribed payment plan unless prior written agreement has been made with the Director. Pursuant to Department of Welare form CY321; 55 PA Code Chapters 3270.123 & .181 (C); 3280,123 & .181 (c); 3290.123 & .181(c)
- In the event, I cannot be reached in an EMERGENCY, I hereby give permission, to the physician selected by RBLC to secure treatment, hospitalize and order injection, anesthesia or surgery for my child at my expense.
- RBLC is a mandate reported; if RBLC staff suspect's neglect or child abuse it must report to the authorities.
- The term herein shall server as the parent/guardian authorization release, and assumption or risk for claims arising from incidents surrounding child care for my child, myself, my spouse, my heirs, executor, administration, assignees, and for all other members of my family.

Parent/Caretaker Signature	Printed Name	Date
Parent/Caretaker Signature	Printed Name	Date
Director Signature	Printed Name	Date