



## Childcare Information Sheet

*\*Please print legibly for our records*

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

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Parents / Guardians: \_\_\_\_\_

Persons allowed to pick up: \_\_\_\_\_  
(Please list any and all names)

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Favorite toys /  
activities: \_\_\_\_\_



Parent/Guardian Consents

**1. Emergency Medical Care**

I understand that every effort will be made to contact the named guardian in the event of an emergency requiring medical attention. However, in the event of an emergency, I hereby authorize Coomes Center Staff to arrange for or to transport my child to the nearest hospital as necessary and to secure the necessary medical treatment for my child.

**Parent/Guardian Initials:** \_\_\_\_\_

**2. First Aid**

I authorize staff trained in First Aid to give my child First Aid when appropriate.

**Parent/Guardian Initials:** \_\_\_\_\_

**3. Trip / Outgoing / Walk Permission**

I authorize that my child may be taken on any outings/walks that may be planned. I understand that all necessary precautions will be taken to ensure my child's safety.

**Parent/Guardian Initials:** \_\_\_\_\_

**4. Photo & Website Permission**

I give permission for my child's photograph to be taken and used within the Coomes Recreation Center and/or on the Abingdon website.

**Parent/Guardian Initials:** \_\_\_\_\_

**5. Sun Screen Application**

I give permission for the application of sun screen to my child.

**Parent/Guardian Initials:** \_\_\_\_\_

**8. Parent / Coomes Recreation Center Childcare Declaration**

I have read and understood the policies referred to above. I will notify staff of any changes to any of the details in this form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Childcare Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_