

## CHILD INFORMATION CARD

IMPORTANT: Please fill in ALL information and update with changes as necessary.

Child's Information			
Child's Name:	Date of Birth:	////////// OFFICE ONLY ////////// Enrollment Date: Discharge Date:	
Child's Address:		////OFFICE ONLY //// Days Attends:	
Parent/Guardian Information (1)		Parent/Guardian Information (2)	
Emergency Contact/Authorized to Pick-up Child		Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email:		Email:	
Employer:	Hours of Employment:	Employer:	Hours of Employment:
Additional Emergency Contacts and People Authorized to Pick-up Child			
<input type="checkbox"/> or check here if no one else is allowed to pick up		<input type="checkbox"/> (initial here)	
Name:	Address:	Cell Phone:	
Name:	Address:	Cell Phone:	
Name:	Address:	Cell Phone:	

I, \_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand that I will be financially responsible for the cost of treatment.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
date

Medical Information	
Name of child's physician:	Office phone:
Special medical information (medication, allergies, diet):	
Medical Insurance Provider:	Insurance Policy #:

*The above information is necessary for your child's protection and this facility is required to have it. Please keep this information current.*

**STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN,  
YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING**

Family Child Care  
Large Family Child Care Home  
Day Care Center

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**CHILD HEALTH APPRAISAL**

**SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION**

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER**

CODE: X - Within Normal Limits      O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS: \_\_\_\_\_

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? \_\_\_\_\_

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	



Examiner's Signature \_\_\_\_\_  M.D.  P.N.P. Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Getting to know you**

**Thank you for sharing your child with us. Please help us get to know him/her better.**

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

Who lives in your home?

Name	Age if younger than 20	What your child calls them
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have grandparents?

What does your child call them?

Do you have pets at home?

What kind?

Name

How would you describe your child's personality? \_\_\_\_\_

What is your child's favorite play activity? \_\_\_\_\_

Does your child have any allergies or medical issues? \_\_\_\_\_

What makes your child upset or frustrated? \_\_\_\_\_

What are some ways to comfort your child? \_\_\_\_\_

Can your child use the bathroom by themselves? \_\_\_\_\_

Are there any recent changes or concerns you want us to be aware of? \_\_\_\_\_

Are there any concerns you have about your child's development? \_\_\_\_\_

What previous experience has your child had with preschool or other children? \_\_\_\_\_

What are your hopes and goals do you have for your child this year? \_\_\_\_\_

Does your child have any special needs? If so, please explain. \_\_\_\_\_

Does your family have any cultural traditions or needs you would like us to be aware of? If so, please explain. \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_



## BVCP Head Injury Communication Preference

*In the event your child sustains a serious injury to the head or face (fall from height, contusion, eye scratch, etc), our policy is that we will notify you via phone.*

For less severe injuries to the head or face (head bump with a person or an object, etc), how would you like to be contacted?

*(PICK ONLY ONE)*

- Please only call us if our child needs to be picked up
- Please only call \_\_\_\_\_  
(name)
- Please call \_\_\_\_\_, if unavailable call \_\_\_\_\_  
(name) (name)
- A text is sufficient, text \_\_\_\_\_  
(name)
- An email is fine with me. Email \_\_\_\_\_  
(name)

For these less severe injuries, how persistent would you like us to be?

*(CHOOSE ONE)*

- Please only call us if our child needs to be picked up
- One phone call/email/text is fine with me.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed



## Screen Time Permission

Children over the age of 2 occasionally may have an educational video or game incorporated into their curriculum, this is an infrequent occurrence. These may be viewed on a television or tablet. These will be age-appropriate and limited to 15 minutes. My child has permission to have screen time in their classroom at Brandywine Valley Christian Preschool.

Parent/Guardian Name (print): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\* \* \* \* \*

## Woodley Park

On most days we take the 3's, PreK and K children to Woodley Park for recess (located across the street from the church). When we do, our office staff assists crossing the children with crossing guards and teachers at the front and back of each class line. The 2's classes play outdoors at the YMCA playground. I give Brandywine Valley Christian Preschool permission to take my child to Woodley Park on school days during the school year.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\* \* \* \* \*

## Assessments

As a part of our observations and assessments this year we will be documenting the students progress through photographs, videos and anecdotal notes. The photographs may be of individuals or of groups working together. All observations will be kept in the student confidential files. A group photo may be used in one or more files depending what is being documented. We will not post any of these photographs of the children on any type of social media.

I give permission for my student, \_\_\_\_\_,  
to be photographed for observations and assessments.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**Parent Agreement**

I, \_\_\_\_\_, whose child is enrolled at Brandywine Valley Christian Preschool for the school year, have received a copy of the Parent's Handbook. I have read & understand the policies and guidelines as described in the handbook and I agree to abide by them.

**Parent/Guardian Name (print):** \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Parent/Guardian)**

\_\_\_\_\_  
**(Date)**

\* \* \* \* \*

**Parent Right to Know**

Under the Delaware code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

the administrative specialist  
Office of Child Care Licensing  
3411 Silverside Road  
Concord Plaza, Hagley Building  
Wilmington, DE 19810  
phone (302) 892-5800

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at <https://kids.delaware.gov/occl/search-for-child-care.shtml>

\_\_\_\_\_  
**(Signature of Parent/Guardian)**

\_\_\_\_\_  
**(Date)**

\* \* \* \* \*

**Permission to Photograph**

As the parent of, \_\_\_\_\_, I give Brandywine Valley Christian Preschool permission to photograph my child - to be used for:

- School displays (bulletin boards, etc)
- Christmas Concert Slide Show
- Neither - PLEASE do NOT photo

Occasionally, we may post photos on FaceBook - however, we will NEVER post photographs of your child's face on any type of social media.

\_\_\_\_\_  
**(Signature of Parent/Guardian)**

\_\_\_\_\_  
**(Date)**

## Confidentiality Policy

**Center:** Brandywine Valley Christian Preschool & Kindergarten

**Effective Date:** 11/3/14

**Distributed to:** All Families, Staff & Volunteers

**Policy:** This Center will ensure that all matters concerning the program and it's users remain confidential.

**Procedure:** The only persons permitted to see the children's records are the parent's/legal guardians, childcare staff and licensing body. Each child's personal file containing enrollment form, developmental records etc. are to be stored in a manner that they are not accessible to unauthorized people. Information regarding a child's enrollment or personal details is not to be given to others without consent from the parent/legal guardian. Parents need to know that information shared with a staff member will remain confidential and staff must respect this. Staff members are trusted to maintain confidentiality, and to use information gained with the utmost discretion.

The names of children who may have caused injury to other children while at the center will only be discussed with involved parties and involved staff members.

The name of any child who has an infectious disease will not be disclosed to other parents unless this child's parent/guardian requests it.

Staff members are not to discuss any financial details of families using the center with persons other than the parent or guardian who is paying the child's fees. If information regarding the financial status or any other matter needs to be discussed with them, and they do not collect the child personally, a letter should be sent or they should be contacted by phone. Verbal messages regarding these matters will not be given to friends, neighbors or relatives who may be collecting the child.

I have read and understand this policy.

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Signature

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Date

## **Risk Management Policy**

Definition: Risk management is, "taking care to consider the possibility that something could go wrong and taking steps to stop, minimize, prevent, or eliminate the circumstances which may lead to injury, abuse or harm if possible, either by deliberate act of an abusive person, or through carelessness or accident." (Faithful Footsteps – page 6)

Brandywine Valley Christian Preschool is subject to certain risks that affect our ability to operate, serve our families and protect our assets. These include risk to our employees and volunteers, liability to others and risk to property.

Controlling these risks through a formal program is necessary for the well being of the school and everyone in it. The jobs and services the school provides, the safety of the workplace and other benefits all depend to an extent on our ability to control risks.

Management has the ultimate responsibility to control risks. Control includes making decisions regarding which risks are acceptable and how to address those that are not. Those decisions can be made only with the participation of the entire workforce, because each of us understands the risks of his or her own task better than anyone else in the organization. Each is responsible for reporting any unsafe conditions they see. Also, each is encouraged to suggest ways in which we can operate more safely. We are committed to the careful consideration of everyone's suggestions and taking appropriate actions to address risks.

Our goal is to provide a safe and secure environment for our students, parents and staff.

Every employee's and volunteer's performance will be evaluated, in part, according to how he/she complies with this policy.

_____ Print Name	_____ Signature	_____ Date
_____ BVCP Director's printed name	_____ BVCP Director's Signature	_____ Date



# School Directory

If you wish to have your child included in our school directory,  
please complete and return the form below.

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

Parents' Names: \_\_\_\_\_

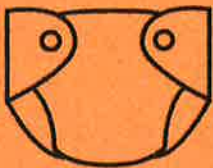
Address: \_\_\_\_\_

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

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

2-year-old

## Diaper Cream Permission



As a parent or guardian of the following student, I may give permission for the staff at BVCP to apply a diaper cream product that I supply from home. Cream must be in its original container/tube. I understand that creams will be applied to diaper area as specified by parent. Please confirm application times with your child's teacher when bringing in cream for the first time.

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

Yes, I will provide

No, I will not provide (opt-out)

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

Parent/Guardian's Signature: \_\_\_\_\_

# Brandywine Valley Christian Preschool

## Peanut and Tree Nut Free Birthday Treat List

When choosing a nut free birthday treat to share with your child's class, it is important to **ALWAYS** check the label on the package to make sure it is free of peanuts and nuts of all kinds. This list is only to serve as a resource. It is in no way complete and is subject to manufacturer recalls and mislabeling. Manufacturers may have changed their equipment or product line and method since you last purchased an item from this sheet.

**READING LABELS:** Some manufacturers clearly state if a product has peanut or nuts in it while others, it is almost hidden. **PLEASE READ THE LABELS**, each time you purchase.

Please **DO NOT** purchase items with the allergy and ingredient alert such as:

*"May Contain Peanut or Tree Nuts"*

*"Processed on shared equipment with Peanuts or Tree Nuts"*

*"Manufactured in a plant with Peanut or Tree Nuts"*

*"Contains Peanut or Tree Nut Ingredients"*

Thanks you for taking the time to read the labels and discussing the topic of "safe snacks" with your child! Your diligence is keeping children with life-threatening allergies safe at school.

### **COOKIES**

Nabisco Oreo (blue pack only)

Nabisco Oreo Golden (yellow package)

Rice Crispy Treats (pre packaged)

Enjoy Life (all flavors)

Lorna Doones

Keebler Vanilla or Rainbow wafer

*Or other prepackaged varieties, clearly marked as Peanut & Tree Nut FREE*

*Brand example: School Safe Brand or Lofthouse Cookies*

### **COLD TREATS**

Philly Swirl Brand: Popsicles, ice cups, swirled popsicles

Icee-Squeeze up tubes

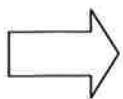
Flavor Ice tubes

Minute Maid Frozen Lemonade

### **CUPCAKES:**

*Prepackaged only, clearly marked as Peanut & Tree Nut FREE*

*Brand example: School Safe Brand OR Shoprite Bakery sells certified peanut/tree nut free cupcakes in a freezer at bakery department*



**PLEASE NOTE:** If you provide a treat that shows possible cross-contamination (see alerts above), the treats will not be shared with the class and will be sent home with your child at dismissal.

## Allergy/Dietary Restrictions Snack List

If your child has allergies or other dietary restrictions, please **circle** all foods that your child is **NOT** allowed to eat.

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

### Snacks:

craisins/raisins  
applesauce  
bananas  
peaches  
watermelon  
oranges  
celery  
cucumbers  
carrots  
cheerios (or other nut-free cereal)  
animal crackers  
vanilla wafers  
rice cakes  
goldfish crackers  
cheez-it crackers  
ritz crackers  
plain bugels  
veggie straws  
popcorn  
pirate's booty  
pita chips  
wheat thins  
graham crackers  
traditional chex mix  
bagels  
nutrigrain bars  
pretzels, hard/soft  
french toast sticks/mini-pancakes  
tortilla chips & salsa  
yogurt  
hummus  
ranch dip  
American/colby jack cheese  
cream cheese  
string cheese  
pepperoni

### Treats:

Oreo cookies  
brownies  
cake/cupcakes with frosting  
donuts/munchkins  
Rice Krispie treats  
jello  
marshmallows

### Drinks:

water  
apple juice  
orange juice  
grape juice  
milk  
lemonade