

DATE: _____ CHILD: _____

DOB: _____

LITTLE HARVARD ACADEMY CENTER

INFANT INFORMATION SHEET

YES/NO DOES YOUR CHILD TAKE A BOTTLE?
YES/NO IS THE BOTTLE WARMED?
YES/NO DOES THE CHILD HOLD OWN BOTTLE?
YES/NO CAN THE CHILD FEED SELF?
YES/NO DOES YOUR CHILD TAKE A PACIFIER?

DOES YOUR CHILD EAT:
STRAINED FOODS
BABYFOODS
FORMULA
WHOLE MILK
TABLE FOODS
JUICE
OTHER _____

TYPE OF FORMULA? _____

AMOUNT: _____

UPDATED: _____ DATE: _____

FOOD LIKES: _____

FOOD DISLIKES: _____

ALLERGIES: _____

LITTLE HARVARD FOLLOWS THE RECOMMENDATIONS OF THE SIDS ALLIANCE SLEEPING PRACTICES FOR INFANTS.

COMMENTS:

PARENT'S SIGNATURE: _____

******PLEASE UPDATE EVERY 30 DAYS******

LITTLE HARVACADEMY CENTER RD A

PICK-UP AUTHORIZATION

THE PEOPLE LISTED BELOW HAVE MY AUTHORIZATION TO PICK UP MY CHILD FROM THE CENTER.
I WILL INFORM MY CHILD'S DIRECTOR/ TEACHER EACH TIME A SPECIAL PICK-UP IS NECESSARY.

NAME	RELATION TO CHILD	PHONE NUMBER
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NAME	RELATION TO CHILD	PHONE NUMBER
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NAME	RELATION TO CHILD	PHONE NUMBER
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New Addition will only release children to authorized persons listed above. If there is a special pick-up the center must be notified in advance and identification will be needed for pick-up.

New Addition will not release children to anyone not listed without proper identification. NO EXCEPTIONS. Thank you in advance for your cooperation.

LITTLE HARVARD ACADEMY CENTER

CHILD HEALTH STATEMENT

NAME OF PARENT _____

NAME OF CHILD _____

BIRTHDAY _____

DATE OF EXAMINATION _____

THE ABOVE NAMED CHILD HAS BEEN GIVEN A ROUTINE PHYSICAL EXAMINATION AND HAS BEEN FOUND TO HAVE NO-INFECTIOUS OR DESEASES AND IS PHYSICALLY ABLE TO PARTICIPATE IN A DAYCARE PROGRAM.

COMMENTS:
