



Early Years Child Development Center Annual Update Form



Child's name _____ Address _____

Home phone _____

Parent Name _____ Address _____

Cell Phone _____

Employer _____ Occupation _____

Business Phone _____

Co-Parent _____ Address _____

Cell Phone _____

Employer _____ Occupation _____

Business Phone _____

Physician's name _____ Phone _____

Physician's address _____

Dentist name _____ Phone _____

Dentist's address _____

Early Years Child Development Center has my permission to contact my child's physician or dentist in case of an emergency.

Parent/Co-Parent Signature _____ Date _____



Please submit 2 emergency contact persons in the event that a parent or co-parent cannot be reached. The center may call the following:

Name _____ Phone _____
Address _____
Relationship _____

Name _____ Phone _____
Address _____
Relationship _____

Parent Agreements

I _____ give permission for my child to use all play equipment and participate in all daily center activities.

I _____ give permission for my child to participate in field trips and nature walks with proper center supervision.

I _____ give permission for my child to participate in water play and sprinkler activities.

I _____ give permission for Early Years Child Development Staff to apply and/or administer Tylenol, sunscreen, teething ointment, diaper cream, bug spray, baby wipes (all to be provided by parent), antibacterial soap and first aid cream.

I _____ give permission for my child to be photographed and videoed by Early Years Child Development Center for documentation and publication purposes.

If in the event of illness or injury, which in the judgement of Early Years Child Development Center Staff requires immediate medical attention, I _____ give my consent for the staff to administer first aid, call said child's physician or dentist or the Colchester Rescue Squad. If in fact said child develops such an emergency, I understand that I will be notified immediately.

Parent/Co-Parent Signature _____ Date _____