



**Child Profile - Please take a moment to complete this profile to help us get to know your child**

Child's Name	Child's DOB:
First Parent/Guardian Name	Second Parent/Guardian Name
Does your child have any allergies? Yes      No If so, please list what they are and what reactions they experience from them:	
Does your child have any food restrictions and/or religious preferences? Yes      No If so, please list them here:	
Please let us know of any birthmarks your child may have.	
What is important to you about your child's care?	
Please list favorites for your child: (games, books, activities)	
Does your child have any siblings? If so, please list the names and ages of all children in your home.	
Does your child have any pets? If so, please tell us what you have and what the name of your pet is.	
Has your child been in preschool before?	
Is there anything else you would like us to know about your child?	
What days will your child be attending?	
Parent/Guardian Signature:	Date:



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

## **Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

## **Medical Information**

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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**PARENTAL ACKNOWLEDGMENT**

Please initial the following statements:

**INJURY/ACCIDENTS**

\_\_\_\_\_Valley Child Care prides itself on maintaining a safe and healthy environment; however, I understand that illness and accidents may occur despite the best efforts of all staff employed by Valley Child Care.

**REGISTRATION FEE**

\_\_\_\_\_I understand that there is an annual registration fee per family upon enrollment and every January thereafter.

**MEDIA RELEASE**

\_\_\_\_\_I give permission for Valley Child Care to take pictures of my child/ren to use in their facilities and advertising materials.

**PAYMENT**

\_\_\_\_\_I agree to pay my account in full by Friday night. If I fail to do so, I agree to pay a \$30.00 late payment fee for the past week charges and understand that I will not be authorized to attend until the balance is paid in full.

**AGENCY REIMBURSEMENT**

\_\_\_\_\_If I receive Agency Reimbursement of any kind, I understand that I am solely responsible for ANY payments not covered by the Agency.

**If I fail to sign in on both the sign in sheets and the computer for attendance for any day my child is in attendance and reimbursement is denied, I understand that I am solely responsible for the payment of tuition.**

\_\_\_\_\_ **Tuition Express** - Valley Child Care uses Tuition Express for our payment processing service. I understand that I am signing up for automatic payments by Credit/Debit card or ACH before my child's first day of enrollment.

\_\_\_\_\_I understand that I am responsible for any fees associated with a declined credit/debit card or insufficient bank account funds.

\_\_\_\_\_I understand that there is a convenience fee for each payment made by a Credit, Debit, Flex Savings Card or any type of Cash Card. There is no fee for ACH payments.

\_\_\_\_\_I have read the Parent Handbook available [here](#) and agree to the policies in the Handbook as well as on this Parental Agreement

\_\_\_\_\_  
Signature -Parent or Guardian

\_\_\_\_\_  
Date



## APPENDIX A

### Video and Audio Recording Acknowledgement

CENTRE/ER: \_\_\_\_\_

CHILD(REN)'S NAME(S): \_\_\_\_\_

I have received and read the Busy Bees North America CCTV Policy in full and understand it, including without limitation the Purpose, Location and Access as outlined. I give consent to BBNA to record the activities of my child(ren) in accordance with the CCTV Policy.

\_\_\_\_\_  
Parent / guardian printed name

\_\_\_\_\_  
Parent / guardian signature

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