

The Child Development Program Infant Nursery and Preschool

Getting to Know You Form

Student History

Student Name: _____ Date of Birth: _____

Student Family

Who does your child live with? _____

Siblings: _____ If yes, how many? _____

Names and Ages:

Social History

How would you describe your child? _____

What is your child's favorite toy(s)? _____

How is your child comforted? _____

How does your child express anger/frustration? _____

How is discipline handled? What form is used? _____

Anything else you want us to know about your child:

Parent signature _____ Date _____

The Child Development Program Infant Nursery and Preschool Authorization for the application of topical products

Child's Name _____ Date of Birth _____

I give permission for the Center (CDP) staff to apply the following topical products to my child whether center provided or parent provided.

Please Indicate Where Permission is Given

- Sunscreen
- Insect Repellent
- Diaper Rash Cream
- Antibiotic Ointment, Insect Bite Cream

I give permission for the center (CDP) staff to give the following fever reducer, whether center provided or parent provided, in the event my child has a fever of 101 or higher once they have notified me, the parent, of the situation.

Please Indicate Where Permission is Given

- Motrin
- Tylenol

This one time authorization will remain in effect until a new authorization is signed.

Parent signature _____ Date _____