For Office	e Use Only	
Classroom Assignment:	CIN:	
Pick Up School:	Allergies:	



MS. NICHOLE'S INC.

890 Rock Springs Road, Smyrna, TN Child Information Sheet

CHILD INFORMATION											
Last Name		First			Date of Birth						
Street Addres	treet Address				Apartment/Unit #						
City State				ZIP							
Classroom As	Assignment BB CP BF GH		Gender Male 🗌 Female 🗌		ale 🗌	Drop Off Time at MNI					
Height			Weight	t i			Eye Color				
	SCHOOL AGE School Attending Grade i		in fall			Teacher					
	/GUARDI	AN INFORMATION									
Last Name				First							
Street Addres	S			ı				Apartment/Unit #			
City State				Zip							
Work Name & Address					Suite #						
City State						Zip					
Home Phone Cell Phone											
Work Phone W			Work Hours								
Email Text (Text or Emai	ext or Email Notification & Carrier (Office use only)							
FATHER'S/	GUARDI	AN INFORMATION		I							
Last Name				First							
Street Addres	S							Apartment/Unit #			
City	City State				Zip						
Work Name & Address			Suite #								
City	ity State				Zip						
Home Phone	Phone			Cell Phone							
Work Phone	Work Phone Work Hours										
Email	Email Text or Email Notification & Carrier (Office use only)										
LEGAL INFORMATION											



If there are special circumstances involving visitation and pick up rights you must provide the director with legal documentation for these arrangements.

If parents are divorced, who is Custodial Parent?

EMERGENCY INFORMATION							
In case of an emergency we will attempt the parents first. Please list name of responsible person who is authorized to act for the parent in an emergency. We must have a third emergency contact.							
Last Name	First Name	Relationship					
Street Address	I	Apartment/Unit #					
City	State	Zip					
Home #	Cell #		Work #				
OTHERS AUTHORIZED TO PICK UP							
Name:	Relationship:		Phone #				
Name:	Relationship:		Phone #				
Name:	Relationship:		Phone #				
CHILD'S MEDICAL INFORMATION	'						
Physician's Name		Phone #					
Physician's Address:	Hospital of Choice: MTMC Stonecrest Vanderbilt						
City: State:	City: State: Zip:						
Health Insurance Insurance/Provider	Phone #						
Does your child have any allergies or medical conditions	yes please complete allergy form Yes			No 🗆			
Are there any special instructions from you or your physician as to treatment at our facility?				No 🗆			
If yes to either of the above, please specify.							
Immunization records are on file at (School Name) school and are up to date.							
When did your child last see a doctor within the last year? (Month and Year)							
Does your child have a history of illness?					No 🗆		
If yes please provide special instructions concerning any illness:							
Does your child have any allergies?							
Does your child take medication on a routine basis?					No 🗆		
If yes, please specify							
Additional Information we should know about your child:							
Other siblings in the household (Names and Ages):							



STATEMENT OF UNDERSTANDING AND PERMISSION STATEMENTS (PLEASE INITIAL)					
I have rece	eived and read the MNI January 2015 Parent Handbook and agree to this handbook				
My child hawriting in advance.	as permission to participate in all activities, including field trips and transportation se	ervices. I	will be notified of all field trips in		
such payment is not	nd that weekly fees must be paid in advance. All fees are required on the first day or received by 6:00pm your child will not be transported to our facility the next school payment fee for payments received late.				
	nd that my child must be picked up no later than 6:00 PM and a late pick-up will res Numerous late pick-ups may result in termination from the program.	sult in my	account being charged a dollar		
	nd during the summer camp (June-August) and school year (August-May) weekly feudes all preregistered summer weeks, school breaks, holidays and days out.	es are re	quired regardless of my child's		
I have com	pleted a pre-placement visit to the facility on				
	nission for the staff of Ms. Nichole's to provide transportation for my child each day hole's Inc. responsible for any incident that can occur during this time.	or as nee	eded for an emergency situation.		
	nd Ms. Nichole's provides liability insurance. The facility also provides the required ${\tt E}$ t imply or admit guilt or liability of Ms. Nichole's.	OHS medi	cal insurance coverage. This		
the event that I cannot treatment for the heat	nt of an emergency, I hereby give permission to Ms. Nichole's staff to secure the prot be reached, I hereby give permission to the physician selected by Ms. Nichole's falth of my child. I give permission to the physician selected by Ms. Nichole's to hosp ranesthesia and/or surgery for my child after all emergency contact attempts have	to order x oitalize, se	rays, routine tests and ecure proper treatment for and to		
I understa	nd that the trial period for all enrollees is two weeks at the beginning of each progra	am sessio	n. (school year and summer)		
I understantoys.	nd that Fun Friday is an earned privilege for the children at Ms. Nichole's. Ms. Nicho	ole's is not	responsible for lost or stolen		
	taff of Ms. Nichole's Inc. permission to apply Sunscreen to my child. The sun screer cified. The sunscreen will be a generic brand.	will be s	upplied by Ms. Nichole's Inc.		
I grant per	mission for photographs/videos, which include my child to be used in media release	es and be	nefit the center to be taken.		
I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Director or Assistant Director. Please review the discipline procedures in the parent handbook.					
I understand that Public Chapter 687 requires the Department of Human Services and the Department of Health to work together to educated parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.					
How did you hear about Ms. Nichole's?					
The completion of the child information form officially enrolls my child in Ms. Nichole's quality after					
school program. It is my responsibility to update the information contained in this form as needed. I					
have received and read the Parent Manual and the Department of Human Services Regulations for Child Care Centers.					
Ciliu Care Cell	icis.				
Signature		Date			