
II. ACTIVITIES

Please list activities your child likes to engage in (i.e. music, stories, coloring, physical games, independent play, group activities reading, being read to)

My child needs encouragement to: _____

My child does not enjoy: _____

Please do not ask my child to: _____

My child learns best when the teacher: _____

My child participates more when the teacher: _____

III. PHYSICAL NEEDS

Please circle all that apply:

VISION: Normal/Impaired/Blind

HEARING: Normal/Impaired/Deaf/Hearing Aid

MOTOR: Head Control/Rolls Over/Sits/Crawls/Cruises/Walks

ASSISTANCE: Walker/Crutches/Braces/Wheelchair

TOILETING SKILLS: Toilets independently/Potty trained-needs help/
Currently being potty trained/Diapers: Cloth or Disposables

If needs help, please specify: _____

EATING HABITS: ALLEGIES Food:_____ Other:_____

No restrictions/Soft foods only/Can take nothing by mouth/Bottle only

Specific requests: _____

SLEEPING HABITS: Likely to sleep before 10PM/Not likely to sleep before 10PM
If sleeping, crib or cot?

Enjoys rocking/Change to sleepware

IV. COMMUNICATION WITH OTHERS

Communicates with others using: Speech - Words/Phrases/Sentences
Babbles/Gestures/Sign Language/Other _____

Can understand what others say: All of the time/Most of the time/Some of the time

BEHAVIOR: Outgoing/Shy
Adapts to new situations well/Adapts to new situation with difficulty
Responds to correction well/Responds to correction with difficulty
Is sometimes destructive/Sometimes threatens others/
Sometimes hits/bites or hurts self/others/
Sometimes attempts to run away/Hyperactive and/or ADD
Plays in groups

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

V. OTHER INFORMATION

We have a pet(s), named: _____

Brothers and sisters:

Name	Age	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Favorite toy/stuffed animal: _____

Will be with child? Yes/No

Favorite color is: _____

Fears or dislikes (i.e. dogs, loud sounds, certain food/activity): _____

Any other pertinent information about your child that would help while in our care: _____

PARENT(S) SIGNATURE: _____

DATE: _____

STAFF REVIEW: _____

DATE: _____

First Fridays at First
Liability Release and Medical Authorization

Child's Name(s) _____

Parent/Guardian Name _____

My child may be picked up by _____
(PARENT/ Guardian)
or _____ or _____
(Relationship) (Relationship)

I/We hereby assume all risk in connection with care for our child, _____, at First Fridays. I/We further agree to hold harmless and indemnify, voluntarily release and forever discharge First United Methodist – Arlington, its staff, associates, volunteers and/or agents for any illness, injury or financial obligation that may occur as a result of this instruction. My express intention is that such release and indemnity will apply to any claim, suit, damages or liability whatsoever arising in whole or in part from my negligence, the negligence of First United Methodist – Arlington or any of its employees, officers, agents, volunteers, or servants, or any other person's negligence, whether the negligence is sole negligence, comparative negligence, concurrent negligence, joint negligence, gross negligence, or any form of negligence.

Medical Care Authorization

I/We authorize First United Methodist - Arlington, its employees or agents to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating at First Fridays.

Date _____ Parent/Guardian Signature _____

Other Authorization

I/We give my permission for my child(ren) to be photographed or videotaped at First United Methodist Church of Arlington. I understand that these photos or videos may be used to promote First Fridays in the future.

Date _____ Parent/Guardian Signature: _____