



### Child Information

Name (First, Middle, Last)		
Date of Birth:	Social Security Number:	Gender: M / F
Ethnicity/Race:	US Citizen: Yes / No	Primary Language:
Medical Insurance:	ARKids #	
Has child attended a state-funded pre-k (ABC) program before? (Yes / No)		
If so, where?		
Will this child be concurrently enrolled in an ABC center and HIPPY or PAT program? Yes / No		
If so, which HIPPY or PAT Program?		
List any allergies (food, insects, etc.):		
Does the child have any special dietary needs?		
Receiving any special education services?		

### Emergency Contact and Consent Information

#### Emergency Contact if parent/guardian cannot be reached:

Name:	Relationship:	Phone:
Address:		
City:	State:	Zip:
<b>Physician Name:</b>		
Address:		Phone:
City:	State:	Zip:

### Consent for Emergency Medical Care

I \_\_\_\_\_ of \_\_\_\_\_  
Parent/Guardian's Name Relationship Child's Name

Do hereby request and give consent to the Director/Caregiver of the Child Care Facility, or their duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessarily expedient by a duly licensed or recognized physician or surgeon in case of an emergency when parent(s) cannot be reached. Consent is also given for the Director/Caregiver or their duly appointed representative, to transport said child for emergency medical treatment, if parent(s) cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Signature

I declare under the penalty of perjury and the rules and regulations of the Arkansas Better Chance program that the information supplied is true and correct at the time of application. I understand that the information I supplied may be independently verified by the Arkansas Division of Child Care and Early Childhood Education and that any false statements may result in exclusion from DHS programs and criminal prosecution.

\_\_\_\_\_  
Signature of Primary Caregiver:

\_\_\_\_\_  
Date:

Please initial each statement to indicate you have read and agree with each statement listed:

- \_\_\_\_\_ I give *insert name of program* permission for my child to be **photographed** for preschool use.
- \_\_\_\_\_ I give *insert name of program* permission to use pictures or videos of my child on **Social Media** (Preschool Facebook page)
- \_\_\_\_\_ I have received a **Kindergarten Readiness Calendar**.
- \_\_\_\_\_ I have received and read the *insert name of program* **Handbook**.
- \_\_\_\_\_ I give *insert name of program* permission to apply **sunscreen** on my child.

