

**NORTHWEST CHILDREN'S LEARNING CENTER**  
...An outreach of Northwest United Methodist Church  
**GENERAL INFORMATION FORM 2025-2026 School Year**

The information on this form is strictly confidential and will be used by the teaching personnel to help her/him better understand and work with your child.

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Child's Present Age \_\_\_\_\_

What is your child usually called? \_\_\_\_\_

Mother or guardian's name \_\_\_\_\_ Father or guardian's name \_\_\_\_\_

Please list all children in the family and their ages \_\_\_\_\_

Name of person(s) who has legal custody of child \_\_\_\_\_

Name of person(s) child lives with \_\_\_\_\_

Please indicate your child's ethnicity (this information is used for grant reporting purposes only):

African American

Native American/Alaska Native

Asian

Caucasian

Pacific Islander/Native Hawaiian

Latino

Other \_\_\_\_\_

Child's primary language \_\_\_\_\_ Second language \_\_\_\_\_

Does your child understand English? \_\_\_\_\_

**Development and Information**

My child receives/received special services (e.g. First Steps, Speech Therapy, Occupational Therapy or Physical Therapy) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is your child sensitive or allergic to any foods, pollens, etc.? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ If yes, how long and often? \_\_\_\_\_ Does your child tire easily? \_\_\_\_\_  
please explain \_\_\_\_\_

Describe your child in one or two words \_\_\_\_\_

Characteristic behavior in a new situation \_\_\_\_\_

Your child's favorite activities and interests \_\_\_\_\_

Your child's favorite books \_\_\_\_\_

Your child's favorite indoor games \_\_\_\_\_

Your child's favorite outdoor games \_\_\_\_\_

Describe any fears your child has which we should be aware? \_\_\_\_\_

Parents' methods of overcoming fears \_\_\_\_\_

In what ways would you like your child's NCLC experiences to contribute to his/her growth and development? \_\_\_\_\_

Is there anything about your child that concerns you? \_\_\_\_\_

Have there been any occurrences concerning your child that you feel we should be aware?(e.g. premature birth, auto accident, severe illness, divorce, recent move, death in the family, etc.) \_\_\_\_\_

What are yours and your child's talents, interests, hobbies, or skills? (e.g. plays a musical instrument, scrapbooking, wood working, cooking, sewing, science, etc.) It would be greatly appreciated if you would arrange a time to come share your or your child's gift with the other children in the classroom. \_\_\_\_\_

(over)

## Toileting

To what degree have bladder and bowel control been established? \_\_\_\_\_

If applicable: Does your child use diapers, pull-ups, and/or started toilet training? \_\_\_\_\_

Can your child help her/himself at the toilet? \_\_\_\_\_

My child needs what kind of bathroom assistance? \_\_\_\_\_

Additional comments regarding toileting \_\_\_\_\_

## Previous Group Experiences

What type of program(s) has your child attended in the past? \_\_\_\_\_

Name of the program(s) \_\_\_\_\_ Length of involvement? \_\_\_\_\_

Please describe your child's overall reaction to group experiences \_\_\_\_\_

**CHILD GUIDANCE/Discipline POLICY/COMMUNICATION** - I have read and/or discussed the NCLC's approach to teacher-child interactions and discipline implemented by the Northwest Children's Learning Center teaching personnel. I understand that choices and logical consequences are utilized rather than punishment. Children are provided with encouragement rather than praise. According to state regulations, I understand that any disciplinary action taken will be communicated to the parents and noted in my child's record. I also understand that I will be notified of all significant occurrences or problems which affect my child. This includes, but is not limited to, notices regarding accidents, injuries, first aid, possible exposure to communicable diseases and prior notification regarding field trips.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPHY PERMISSION** — I grant permission for photographs of my child to be taken at NCLC and possibly used in the following ways:

\_\_\_\_\_ for NCLC classroom use by teachers (to document learning and activities)

\_\_\_\_\_ for college student projects (names will not be used)

\_\_\_\_\_ for media/marketing/web products purposes (names will not be used)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SUNSCREEN PERMISSION (parent supplies)** I give permission for teachers to apply sunscreen to my child to help prevent possible sunburn. I understand that I must provide the sunscreen, and due to accreditation standards, I will provide a sunscreen that is a minimum SPF 15 and has UVA/UVB protection. I agree to apply the sunscreen prior to or upon my child's arrival at Northwest. Northwest personnel will then apply/or facilitate application of subsequent sunscreen as needed before outside activities (primarily May through September).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO SHARE HEALTH INFORMATION** – Northwest Children's Learning Center recognizes that health and medical information about your child is confidential. All records in your child's file (including health, development and contact information) are kept in a locked cabinet in the office and access to this cabinet is limited. All information pertaining to the admission, development, assessment, family and/or discharge of a child is confidential and will only be shared with personnel on a "need to know" basis. By signing below, I give office personnel and lead teachers permission to have access to \_\_\_\_\_'s health records.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NCLC PARENT HANDBOOK/TUITION** - I have read the NCLC Parent Handbook and understand the policies and procedures outlined within. I agree to follow the NCLC tuition policy and understand that tuition must be paid in advance.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please feel free to attach an additional page if more space is needed to share any information that will help us partner in our work with your child and family.