





  
**First**  
*Steps to Academic Readiness*  
**Learning Academy**

3079 Crystal Avenue • Memphis, Tennessee 38112 • (901) 323-2677 • (901) 323-9302

**Child's Health History Checklist**

\_\_\_\_\_ **Child's Name**

\_\_\_\_\_ **Birth Date**

\_\_\_\_\_ **Parent/Guardian Name**

The answer to these questions will help us to know if your child has any medical problems. This information is necessary in the event your child should become ill and we are unable to reach you right away. Please circle the correct answer and we will go over the checklist with you when you have finished.

**Pregnancy and Birth**

- Yes No      1) Were there any problems with your pregnancy or with your child's birth?  
 Yes No      2) Was his/her birth weight under 5 1/2 pounds?  
 Yes No      3) Did your child have problems in the hospital?

**Medical Problems**

- Yes No      4) Has your child ever been in the hospital overnight?  
 Yes No      5) Is your child taking any medications?  
 Yes No      6) Has your child had any allergies or reactions to any medications?  
 Yes No      7) Has your child had any reactions to DTP or other shots or insects?  
 Yes No      8) Does your child have asthma or wheezing?  
 Yes No      9) Does your child have speech or hearing problems?  
 Yes No      10) Does your child have more than two ear infections in a year?  
 Yes No      11) Has your child had tonsillitis?  
 Yes No      12) Does your child have trouble with his or her eyes or seeing?  
 Yes No      13) Has your child had a bladder or kidney infection?  
 Yes No      14) Does your child have burning when urinating?  
 Yes No      15) Does your child have seizures, fits or shaking spells?  
 Yes No      16) Have you ever been told your child has a heart murmur?  
 Yes No      17) Is your child able to play as hard as other children?  
 Yes No      18) Has your child ever had a bumpy, swollen reaction to the TB skin test?  
 Yes No      19) Has your child ever been with anyone who has TB?  
 Yes No      20) Has your child ever had worms?  
 Yes No      21) Does your child scratch his/her genital area?  
 Yes No      22) Is his/her genitals or bottom red or sore?  
 Yes No      23) Does your child bleed easily? A Free bleeder or Hemophiliac?  
 Yes No      24) Does your child wear a heart monitor?  
 Yes No      25) Does your child have tubes in his/her ears?

**Older Girls**

- Yes No      26) How old was your child when she had her first period?  
 Yes No      27) Does your child have problems with her period?

**General Development**

- Yes No      28) Is your child in a special education class in school?  
 Yes No      29) Does your child get along well with other children?  
 Yes No      30) Is your child usually happy?  
 Yes No      31) Does your child have any special problems or needs not indicated above?  
 Yes No      32) When did your child last see a doctor? Month \_\_\_\_\_ Year \_\_\_\_\_



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**Consent for Emergency Medical Care**

I \_\_\_\_\_ do hereby request and give consent to the Director of First S.T.A.R. Learning Academy, or his/her duly appointed represented for my child, \_\_\_\_\_ to receive, such medical or surgical aid as deemed necessary and expedient by a duly licensed or recognized physician in case of an emergency when the parent or guardian cannot be reached.

Name of family doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Authorized Person to Act for Parent In Case of an Emergency**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature Relationship Date



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**Receipt of Policy Statement And Licensing Requirements**

My signature below certifies that I have received a copy of the policy statements and the “Summary of Licensing Requirements for Childcare Centers” and all information required for enrollment at First S.T.A.R. Learning Academy and that all information provided is true to the best of my knowledge.

\_\_\_\_\_  
**Name of Child/Applicant**

\_\_\_\_\_  
**Signature of Parent of Guardian**

\_\_\_\_\_  
**Signature or Center Staff**

\_\_\_\_\_  
**Date**

<b>For Office Use Only</b>		
<b>Date enrolled</b> _____	<b>Weekly Fees</b> _____	<b>Monthly Fees</b> _____
<b>Date of Withdrawal</b> _____	<b>Reason for Withdrawal</b> _____	
<b>Additional Comments by First S.T.A.R. Staff</b>		
_____		
_____		



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**Parent Provider Promise**

**As the provider, I will:**

- ★ Greet each child with a smile
- ★ Hug each child at least once every day
- ★ Listen to and respect each child
- ★ Sincerely give each child praise
- ★ Discipline calmly and fairly
- ★ Have age appropriate toys available for children
- ★ Start each day with toys picked up
- ★ Read aloud to the children
- ★ Serve nutritious well balanced meals and snacks
- ★ Start each day with a clean environment
- ★ End each day by telling a parent at least one positive thing that happened with his or her child that day

**As the parent, I will**

- ★ Tell the provider how I feel he or she is doing
- ★ Talk to my provider about my concerns for my child
- ★ Support and follow through on an appropriate discipline we agreed on
- ★ Bring my child appropriately dressed for the weather and the day's activities
- ★ Bring my child before 9am
- ★ Pick up my child on time
- ★ Call my provider when I am going to be late for arrival or pick up
- ★ Pick up my child immediately when he or she becomes sick
- ★ Call my provider immediately when he or she will not be attending
- ★ Inform my provider immediately of changes in my address, home or work telephone number, and changes in Health or medical information including doctors name and insurance
- ★ Pay my provider prior to services rendered
- ★ Abide by my providers contract/childcare agreement
- ★ Keep my child clean to avoid any health issues
- ★ Demonstrate behaviors of dignity and respect while on the premises of the facility

By signing below, I agree to adhere to this promise and understand that failure to comply will result in my finding alternative childcare arrangements for my child.

Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First S.T.A.R. Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_