

Little Big Time Child Development Center  
1412 20<sup>th</sup> Street, Sacramento, CA 95811  
(916)446-1200

## EMERGENCY INFORMATION CARD

Child's Full Legal Name:			
Child's Nickname (if any):			
Hair Color:		Eye Color:	
Birth-date:		Home Phone #:	
Address:			
Mother's Name:		Work Phone #:	
Father's Name:		Work Phone #:	
Emergency Contact Name:		Home/Work #:	
Child's Doctor:		Office Phone #:	
Medical Card #:		Child's Personal ID#:	
Allergies:			
Medical Condition(s):			
Medication(s):			



I give Little Big Time Child Development Center permission to administer sunscreen to my child \_\_\_\_\_ . I will provide sunscreen in a ziplock bag with my child's name written on the bottle and I will ensure that the sunscreen is within its expiration date. I will verbally notify the Teacher/Director when my child needs sunscreen and will make every effort to apply sunscreen before my child arrives at school. All sunscreen is kept in a locked cabinet out of children's reach. **Please do not leave sunscreen in your child's back pack or cubby.**

Date





## Permission Slip for Field Trips/Outings

The Little Big Time Child Development Center is requesting for all children enrolled to have on file a Release of Liability/Permission form signed by the parents and/or legal Guardianship. I give permission for my child to be taken on walks in areas surrounding the Child Care Development Center and I understand that during all outings this will be supervised by the faculty of Little Big Time Child Development Center.

Child's Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### PERMISSION SLIP FOR DAILY WALKS:

- Agree
- Disagree (I do not wish for my child to participate in daily walks)

### PERMISSION SLIP FOR REQUEST FOR FIELD TRIPS

- Agree
- Disagree (will not send information to parents)

I understand that a separate FIELD TRIP permission slip describing the outing will be sent home if my child will be leaving the Child Development Center for an extended period of time.

By my signature below, I, \_\_\_\_\_, do hereby give authorization/permission to the Little Big Time Child Development Center for the above purpose.

\_\_\_\_\_  
Parent Signature/Legal Guardianship

\_\_\_\_\_  
Date

**NOTE: If you are signing under Legal Guardianship, you MUST provide ORIGINAL COURT ORDERED documents stating such-ABSOLUTELY NO COPIES WILL BE ACCEPTED.**



## Photographic Release Form

The Little Big Time Child Development Center is requesting for all children enrolled to have on file a Release of Liability/Permission form signed by the parents and/or legal Guardianship.

I give permission for still and/or video photography of my child:

Child's Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

To be taken by the news media in its coverage of the Child Development Center. I also give permission for photos of my child to be taken by Little Big Time Child Development Center and other sponsoring events sanctioned by Little Big Time Child Development Center.

Agree

Disagree

I give permission for Little Big Time Child Development Center to use still and/or video photographs of my child stated above, in the following communication materials:

- Printed marketing purposes for Buena Vista Child Development Center (including but not limited to brochures, handbooks, and postcards)
- Little Big Time Child Development Center web marketing materials including the Child Development Center's website, Facebook page and Instagram profile.
- Center journals and internal newsletters/communications

By my signature below, I, \_\_\_\_\_, do hereby give authorization/permission to the Little Big Time Child Development Center for the above purpose.

\_\_\_\_\_  
Parent Signature/Legal Guardianship

\_\_\_\_\_  
Date

**NOTE: if you are signing under Legal Guardianship, you MUST provide ORIGINAL COURT ORDERED documents stating such-ABSOLUTELY NO COPIES WILL BE ACCEPTED.**

**LITTLE BIG TIME**  
**CHILD DEVELOPMENT CENTER**  
*Cultural Background Information*

Name of Child Enrolled: \_\_\_\_\_  
Age: \_\_\_\_\_ Male \_\_\_\_\_ Female: \_\_\_\_\_  
Tribal Affiliation (If Applicable) \_\_\_\_\_ County: \_\_\_\_\_

**CHILD ENROLLED**

Hobbies Include: \_\_\_\_\_

Interests Include: \_\_\_\_\_

**CULTURAL ACTIVITIES**

\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES CURRENTLY ENROLLED IN**

\_\_\_\_\_  
\_\_\_\_\_

Tribal Traditions: \_\_\_\_\_  
\_\_\_\_\_

**Does the enrolled child's family have any "Cultural Experiences" to share?**

NO \_\_\_\_\_ YES \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the enrolled Child's family have any interest in sitting on the "Cultural Advisory Committee"?**

NO \_\_\_\_\_ YES \_\_\_\_\_ (IF YES ~ FILL OUT BOTTOM PORTION)

FAMILY NAME : \_\_\_\_\_

CONTACT NUMBER : (     ) \_\_\_\_\_ DAY (     ) \_\_\_\_\_ EVENING

ADDRESS: \_\_\_\_\_  
Street City State Zip