



Picolata Crossing Extended Day  
5970 US-1 North  
St. Augustine, Florida 32095  
(904) 615-4415  
Jenn@Village-AcademyNorth.com  
[www.village-academynorth.com/picolata](http://www.village-academynorth.com/picolata)

### CHILD HISTORY

This information is provided for your child's teachers.

Child's Name: \_\_\_\_\_  
Last First Middle Nickname

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### Please answer the following questions

1. Are there any foods or medicines to which your child is allergic? Any other allergies? Explain.
2. Does your child have any health or developmental concerns of which we should be aware? Explain.
3. Does your child take any prescription medicine on a regular basis? If so, what and when? Please explain.
4. Are there any other issues or concerns about which we should be aware?



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## AUTHORIZATIONS

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

**Parent's Name:** \_\_\_\_\_

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

1. I authorize Picolata Crossing Extended Day to approve medical attention for my child in the event of an emergency during the time that my child is in attendance at Picolata Crossing Extended Day.

Parent or Guardian Signature: \_\_\_\_\_

2. My child may be photographed and the photos may be used for newsletters, general publications, displayed at our facility, and/or for publicity, including any of our websites.

Parent or Guardian Signature: \_\_\_\_\_

4. My child is allowed to consume store-bought or home-prepared food brought in by staff or families to include, but not limited to for the following occasions: birthday parties, celebrations, cooking projects, daily snacks. Parent or Guardian Signature: \_\_\_\_\_

5. I have been supplied a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER, published by The Department of Children and Families.

Parent or Guardian Signature: \_\_\_\_\_

6. I have been supplied a copy of the Flu (Influenza Virus) Brochure, published by The Department of Children and Families.

Parent or Guardian Signature: \_\_\_\_\_

7. I give Picolata Crossing Extended Day and Picolata Crossing Elementary School permission to communicate as needed in regards to my child's behavior, mood, or anything additional as it is relevant to my child's and the program's best interests.

Parent or Guardian Signature: \_\_\_\_\_

Please Note any Restrictions if they apply:

\_\_\_\_\_

**My signature below indicates that all Registration forms I have signed and all information provided also holds true for The Village Academy, or Village Academy *North*, should my child attend these facilities for any reason.**

Parent or Guardian Signature: \_\_\_\_\_