



THE HEIGHTS CHILD DEVELOPMENT CENTER
FAMILY INFORMATION SHEET
2024-2025 School Year

The information obtained on this sheet is for the purpose of the teachers in your child's class to better understand your child's family and culture environment, as well as personality and tendencies at home. This information can be very helpful in early childhood education in helping to better understand your child's development and well-being as an individual. All information is maintained in the classroom under confidentiality. Please answer as thoroughly as possible for your child.

Child's Name: _____ DOB: _____

Child Health Overview

ALLERGIES: _____

Dietary Restrictions: _____

Does your child have an EPI pen? (choose one) Yes No Notes: _____

List any previous serious illness or injuries? _____

Any hospitalizations in the last 12 months? _____

Any medication prescribed for long term use? _____

Child's Family Environment

Mom's Name: _____ Phone: _____

Employer: _____ Occupation: _____

Dad's Name: _____ Phone: _____

Employer: _____ Occupation: _____

Are parents: (choose one) Living together Separated Divorced Other: _____

If separated or divorced, who has custody of the child? _____

Are there any other adults living in the home? _____

Siblings: (name and age) _____

Pets: (type and name) _____

Child's Preschool History

How did you find out about The Heights CDC? _____

Has your child previously attended a preschool or Mother Day Out program? (choose one) Yes No

If yes, where? _____

THE HEIGHTS CHILD DEVELOPMENT CENTER
FAMILY INFORMATION SHEET (cont.)
2024-2025 School Year

Child's Name: _____ DOB: _____

Child's Culture

Ethnicity: (choose one) White African-American Hispanic Indian Asian Pacific Islander

Other: _____

What is the primary language spoken at home? _____

What holidays or special traditions do you and your family celebrate? _____

Does your family regularly attend church? (choose one) Yes No

If yes, where: _____

Anything else you would like us to know about your child's culture? _____

Child's Individual Personality and Behavior Concerns:

Describe your child's personality: _____

Please list on of your child's fears or habits we need to be aware of: _____

Are there any other issues regarding your child's health and/or behavior of which we should be aware?

Is your child potty trained: () Yes () No Please list any special words used to go to the restroom:

Do you feel there can be a language barrier with the potty-training process?

Describe your child's sleeping habits at naptime, and any information that the teacher could use to assist them in falling asleep: _____

Please list any other special concerns, medical needs, or any additional information that will help us make your child's school year the best it can be:

THE HEIGHTS CHILD DEVELOPMENT CENTER
EMERGENCY MEDICAL INFORMATION AND AUTHORIZATIONS
2024-2025 School Year

CHILD'S NAME: _____
(Last) (First) (Middle) (Goes By)

DATE OF BIRTH: _____ **ALLERGIES:** _____
(Month/Day/Year) (Please complete allergy information sheet on back side of form)

ADDRESS: _____
(Street) (City) (State/Zip Code)

Parent/Guardian #1

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ Email Address: _____

Parent/Guardian #2

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ Email Address: _____

AUTHORIZED PICK-UP PERSONS:

Listing someone as an Authorized Pick-Up Person will allow CDC staff to release your child into their care. Each Authorized pick-up person will be assigned a unique ProCare Pin to verify their Authorization to CDC staff. Additional Authorized Pick-up Persons can be named throughout the school year by emailing CDC@theheights.org.

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

****A child will only be released from The CDC to his/her mother, father, or other persons authorized by the parents. In the case of marital separation, THBC cannot deny either parent access to a child unless copies of legal documentation stating otherwise are provided.**

EMERGENCY CONTACTS

Emergency Contacts are someone *other than the parent/guardian* that can be contacted in the case of an emergency that know medical information regarding the child. Emergency Contacts do not have to be local. **(Minimum of 2 contacts with address and phone number required)**

Emergency Contact #1

Name: _____ Relationship to child: _____ Phone: _____

Address: _____

Emergency Contact #2

Name: _____ Relationship to child: _____ Phone: _____

Address: _____

Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to contact the Physician below:

Name of Physician: _____ Address: _____ Phone: _____

And/or the closest emergency medical facility as determined by first responders in the case of a 911 call:

Methodist Richardson Medical Center, 2831 E President George Bush Highway, Richardson, Texas 75080 PH: 469-204-1000

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent's Signature: _____ **Date:** _____

THE HEIGHTS CDC RESERVES THE RIGHT TO CALL 911 IN ANY EMERGENCY SITUATION

**THE HEIGHTS CHILD DEVELOPMENT CENTER
PERMISSIONS AND AGREEMENT FORM
2024-2025 School Year**

Child's Name: _____ DOB: _____

PLEASE INITIAL EACH SECTION

Parent Handbook:

Please visit our website, www.theheightscdc.com, to read The Heights CDC Parent Handbook. The Parent Handbook also contains information regarding discipline and guidance policies and procedures.

_____ I acknowledge that I will read The Heights Child Development Center Parent Handbook prior to my child's first day of school and will adhere to its guidelines.

Photo/Video Permission and Release:

_____ I DO / _____ I **DO NOT** give consent for photo/video of my child to appear within classroom communications (Procare/memory books), on The Heights CDC Parent Newsletter, The Heights CDC website, or on Heights Church social media.

Class Directory Permission

Directories are only printed by request of a parent and only per each classroom. We never publish a whole-school directory, nor do we provide any information regarding your child to any third-party sources.

_____ I DO / _____ I **DO NOT** give consent for my child to be included in The Heights Child Development Center class directory. The following information will be included in the directory: child's name, parents' name, mailing address, phone number, email address.

Tuition/Fee Agreement

_____ I acknowledge that tuition and other fees are collected monthly through Tuition Express on the 1st of each month. I agree to keep my financial accounts updated to prevent payment declines, and I understand I will be assessed for any fees incurred as a result of a decline.

Parent's Signature _____ **Date** _____

Printed Name of Parent _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) The Heights Child Development Center to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVV	
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name		Phone #	
Address		City	State Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature		Date	

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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