About My Child

Child's Name:	Birthdate:	Age:	
Address:			
Mother's Name:			
Mother's Phone number:			
Father's Name:			
Father's Phone:			
Primary Contact Email Address:			
About my child Any known food allergies? Yes / No I			
Can your child participate in snacktime?	Yes / No (we supply a juice b	ox and a small snack)	
Any known behavioral issues/tendencies	s? Yes/No Describe:		
Any Known learning disabilities? Yes /	No		
List any known learning disabilities:			
Please describe anything else we should	I know to properly take care of your	child:	
Victory Center's Child Disciplinary Policy of violence toward other children, or othe no matter the situation. Our first step of d chair OR 2) we will get mommy/daddy ou We will never force your child to do a time a behavioral issue causing a safety issue	er situations that may warrant action liscipline is to give the child a choice at of service to handle the situation. eout or any other activity, although we continued to the situation.	Our policy is to always love and be gene: 1) complete a time out on the time out we may need to restrain your child if there	itle
Choice of Discipline: May we put your child in a timeout if nece of discipline will be to immediately engage		red "No", please be aware that our first ac	ct
I authorize that all information above is tr	ue to the best of my knowledge.		
Parent/Guardian(s) Signature:		Date:	