

What activities does your family enjoy doing together? _____

Does your child have any fears? _____ yes _____ no

(please specify) _____

Does your child have any nervous habits? _____

How does your child feel about going to school? _____

How do you think your child will adjust to school? _____

What do you hope your child will learn this year? _____

Does your child have any exceptionalities or suspected exceptionalities? _____

If yes, explain _____

Any additional information you feel will help us in planning and caring for your child.

Emergency Evacuation

In the event of an evacuation of the building or campus this is the information that will travel with us. Please fully fill out this form.

In the event of an emergency the center will contact and release the above named child to the following people in order of listing. Please include one person that is located outside of Natchitoches.

Name /Relationship	Primary Number	Secondary Number	Third Number

In the event of a medical emergency my child may receive medical care that is deemed necessary by a doctor or health care official.

Yes

No

Parent's Signature

My child has the following condition that will require special care if medical treatment is necessary (allergies, medical history).

Physician's Name _____ Number _____

I have personally completed this information and understand that I am responsible for updating if any changes occur.

Parent's Signature

Date

§1515.A.1,2,3

Admit Date: AUG 2020

Child's Information Form

Child's Name: _____ Sex _____ Birthdate _____

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone#		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

Phone#: _____

Phone#: _____

Phone#: _____

Phone#: _____

- | | | |
|--|-----|----|
| Does your child have any food allergies? | Yes | No |
| Does your child have any other allergies? | Yes | No |
| Does your child have any dietary restrictions? | Yes | No |
| Does your child have any special needs or health concerns? | Yes | No |

Please explain any "yes" answer here:

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity)

Name(First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

§1515.B

Consent to Release Information, Recordings or Photographs

I give my consent for _____ to release
(Name of Center)

information/photograph(s)/recording(s) of my child _____ from which my child
might be identified, except to authorized state and federal agencies.

Parent's Signature

Date

Non-Vehicular Excursions Authorization

§2109.A

My child, _____, has my permission to participate in the following off-site activities* when the children are walking and accompanied by staff of the center:

Type of Activity

Location of Activity

Walks on Campus

Northwestern State University

School Gym

NSU Elementary Lab School

Centers on Patio

Side Door of CDC

This authorization is valid for one year.

Parent's Signature

Date

**Examples of this type of field trip would be a nature walk around the neighborhood, walking to the library, etc.*

Authorization for the Application of Topical Products

Child's Name: _____

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

- | Yes | No | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | sunscreen |
| <input type="checkbox"/> | <input type="checkbox"/> | insect repellent |
| <input type="checkbox"/> | <input type="checkbox"/> | diaper rash ointment |
| <input type="checkbox"/> | <input type="checkbox"/> | other _____
(name) |

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date