



Enrollment form authorization form

Please read and initial each section for permission

I hereby certify that I am the legal parent/guardian of _____, and give permission for the following:

Termination Policy____

In the event that the Center has to close for unforeseen circumstances, we will transfer records in ample time.

Directory Information____

I give my permission for my name, address and phone numbers to be included in the school directory which may be distributed to the Center families.

Photo Release____

I give permission for my child's photograph or video image to be taken while he/she is enrolled at the Center. Such images may be posted in classroom or other appropriate places within the school, used in school presentations or promotional materials, and in the yearbook. I understand that I may terminate this permission at any time in the future by notifying the school office in writing.

Authorization for Emergency Medical Care____

In order to meet all legal requirements, I hereby authorize the Principal of the school, or the person in charge in the event of her absence, to give my consent for any and all necessary emergency medical treatment for my child while moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also guarantee payment of all charges incurred as a result of this medical treatment.

Authorization to Transport____

I give my permission for the transport of my child for field trips. In the event of an emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the principal, or the person in charge in the event of her absence, to transport my child to a safe environment until I can be reached.

Information:

Allergies to food, medication, etc. (If none, so state): _____

Special medication problems (if none, so state): _____

Family Physician: _____ Office Phone: _____

Office Address: _____ City: _____

Parent/Guardian Name: _____

Home phone: _____ work phone: _____ Cell phone: _____

Address: _____ City: _____ State: _____ Insurance Company (If none, so state) _____

Policy or group number: _____



Permission for Food-Related Experience & Special Occasion food consumption such as:(birthday party's, Special occasions, Holiday's etc)

I give permission for my child _____ to participate in food related activities

Please check one of the following:

___ My child DOES NOT have a food allergy or dietary restriction

___ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

___ My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in food related activities

Print Parent Name

Parent Signature Today's Date