

LSUA CHILDREN'S CENTER ENROLLMENT INFORMATION

Child's Name *(First, Middle, Last)*

Sex _____ Date of Birth _____

Mother's Name *(First Middle Last)*

Father's Name *(First Middle Last)*

Address *(Street, Apt. No. or PO Box)*

Address *(Street, Apt. No. or PO Box)*

Address *(City, State, Zip)*

Address *(City, State, Zip)*

Place of Employment

Place of Employment

Work Phone Number *(including area code)*

Work Phone Number *(including area code)*

Home Phone Number *(including area code)*

Home Phone Number *(including area code)*

Cellular Number *(including area code)*

Cellular Number *(including area code)*

Email Address

Email Address

Person(s) with whom child lives: _____

MY CHILD HAS MY PERMISSION TO BE RELEASED TO THE FOLLOWING INDIVIDUALS:

(Please use back for additional individuals)

Name/Relationship to Child

Phone *(including area code)*

Name/Relationship to Child

Phone *(including area code)*

Child's Doctor: _____

Doctor's Phone Number: _____

Child's Dentist: _____

Dentist Phone Number: _____

Preferred Hospital: _____

Insurance: _____

Emergency Contact: **(other than parent)**: _____

Relationship to Child: _____

Emergency Phone Number: _____

Please list any known or food medication allergies: _____

I have reviewed the current LSUA Children's Center's Policies and Procedures Handbook, and agree to abide by the policies and procedures outlined therein.

LSUA AFFILIATED PARENT'S SIGNATURE

DATE

Enrollment Date *(To be completed by Center)*

Class *(To be completed by Center)*

LSUA CHILDREN'S CENTER ENROLLMENT INFORMATION

Has your child had any difficulty with his/her hearing? _____ If yes, describe: _____

Has your child had any difficulty with his/her vision? _____ If yes, describe: _____

Does your child have any difficulties that need our special help or attention? _____ If yes, describe: _____

Past Illnesses: _____

If any of the preceding information should change, I will notify the Children's Center Director immediately.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I authorize the Children's Center to care for my child during the time he/she is in the facility and to administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

If my child's doctor prescribes any medication which needs to be administered at the Children's Center, I understand that I must sign a MEDICATION AUTHORIZATION FORM on a daily basis for each medication that I allow the Children's Center staff to administer. For each prescribed medication, I will give the Children's Center staff the dated pharmaceutical information pamphlet that indicates the following information: child name, name of medication, prescribing physician, and dispensing pharmacy. A MEDICATION AUTHORIZATION FORM will be available in each child's room. If the medication prescribed is to be given twice per day, I will administer it at home.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

For non-prescription medication, I will furnish a form signed by my child's doctor indicating his recommendation for my child. I understand that I must sign the MEDICATION AUTHORIZATION FORM on a daily basis for each non-prescription medication that I allow the Children's Center staff to administer. I understand that any medication brought to the Children's Center must be in a new unopened container and be accompanied by a list of possible side effects. I understand that medication will not be administered by Children's Center staff on an "as needed" basis.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I understand that the Children's Center will not release any information contained in my child's records to any third party source without the written consent of the parent/guardian.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I understand that the Children's Center exists to provide early care and educational opportunities for the children of the LSUA community, and to provide experiences for students. Under the supervision of instructors, students enrolled in classes on the LSUA campus may observe, photographs, tape (audio and video), and interact with my child, as part of their academic studies.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

LSUA CHILDREN'S CENTER ENROLLMENT INFORMATION

I understand that my child, accompanied and supervised by Children's Center staff, may participate in off-site, field trip excursions throughout the LSUA campus, and the authorized signature upon sign-in each day will indicate my permission while my child is enrolled.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I understand that a minimum notice of two weeks must be given, in writing, to the Children's Center Director if I choose to discontinue my child's enrollment and payment for that two week period is expected.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I give permission for images of my child to be used on the Children's Center social media accounts, publications and for my child's image to be presented on television if it is deemed appropriate by the LSUA administration. The Children's Center will not identify the children whose images are used.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I acknowledge that video cameras are in place throughout the Children's Center for the purpose of monitoring the security of the Children's Center, including times when the children and staff are present. These images are viewed by the Director, Children's Center staff and university supervisory personnel only. Should I, as a parent, request to view the recording or portion thereof, I will contact the Children's Center Director.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I have been given a tour of the Children's Center.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

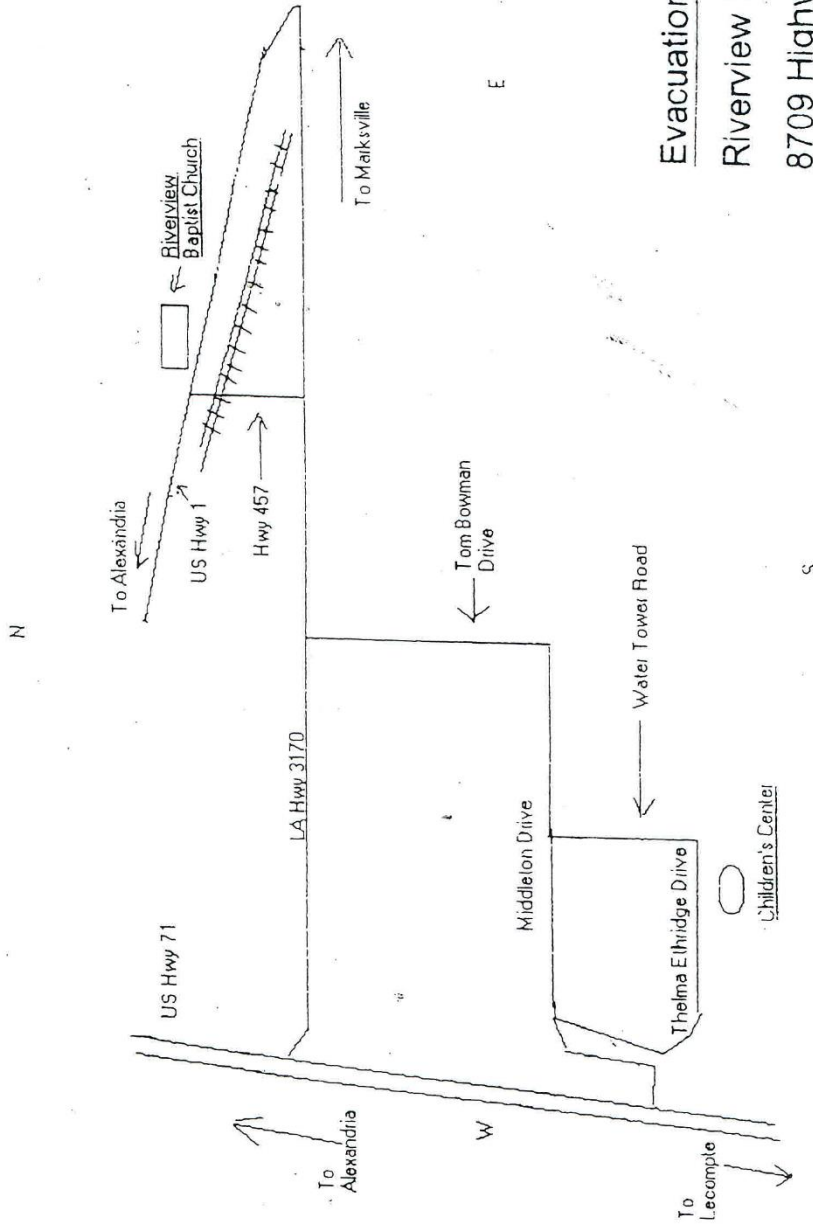
In the event of a campus wide emergency evacuation, I understand that if I am unable to transport my child from the Children's Center when an evacuation is ordered, my child has permission to be transported in a vehicle driven by a designated LSUA staff member to Riverview Baptist Church, 8709 Hwy 1 South, Alexandria, LA 71302 (Phone: (318) 443-5555). I, or an authorized person (listed on Page 1 of this Enrollment Information Form), will pick up my child from this location as soon as possible and I will keep the attached map, showing evacuation location for future reference.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

LSUA CHILDREN'S CENTER ENROLLMENT INFORMATION

LSUA Children's Center

Evacuation Route (in the event of an emergency campus evacuation):



Evacuation Site:

Riverview Baptist Church
8709 Highway 1 South
Alexandria, LA 71302

Phone: 318-443-5555

Pastor's Office: 318-443-5405