

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: _____

Please list any known food or medication allergies: _____

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: _____

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

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I authorize LSUA Children's Center to allow my child to hold his/her bottle during the afternoon rest period (6 months to 12 months only). If not applicable, please write "N/A" before signing.

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 water activities will be restricted to those in water of a depth of two (2) feet or under. My child has permission to participate in such activities.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

LSUA CHILDREN'S CENTER ENROLLMENT INFORMATION

I understand that the LSUA Children's Center exists to provide early care and educational opportunities for the children of students, faculty, and staff and the Alumni & Friends 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: _____

I understand that my child, accompanied and supervised by 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 of two weeks' notice must be given if I choose to discontinue my child's enrollment and payment for that two-week period is expected.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

The Children's Center would like to update our web page with pictures of activities at the center. Please sign if you will permit photographs, which include your child, to be included. The web page can be found under "Community" on the LSUA homepage at www.lsua.edu.

In addition, I give permission for pictures to be used in publications and for my child's image to be presented on television if it is deemed appropriate by the LSUA administration.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I hereby permit LSUA Children's Center to post photographs of my child during individual or group activities on the LSUA Facebook Page, Instagram, and Twitter.

LSUA AFFILIATED PARENT'S SIGNATURE: _____

I acknowledge that video cameras are in place throughout the Center for the purpose of monitoring the security of the Center, including times when the children and staff are present. The video is kept up to 30 days after recording on the digital recorder and the screen is in the Director's office and are viewed only by the Director, center staff, and university supervisory personnel. Should I, as a parent, request to view a video or portion thereof, I will contact the Director.

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 Information Update), 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: _____

In the event that you as a parent want your child to hold his/her bottle you will need to provide a handwritten notice to the center director. State regulations say that a child must be held while taking a bottle.

LSUA AFFILIATED PARENT'S SIGNATURE _____

If your child has Acid Reflux and needs to be in a swing or other device longer than 30 minutes a signed Doctor's note will have to be provided.

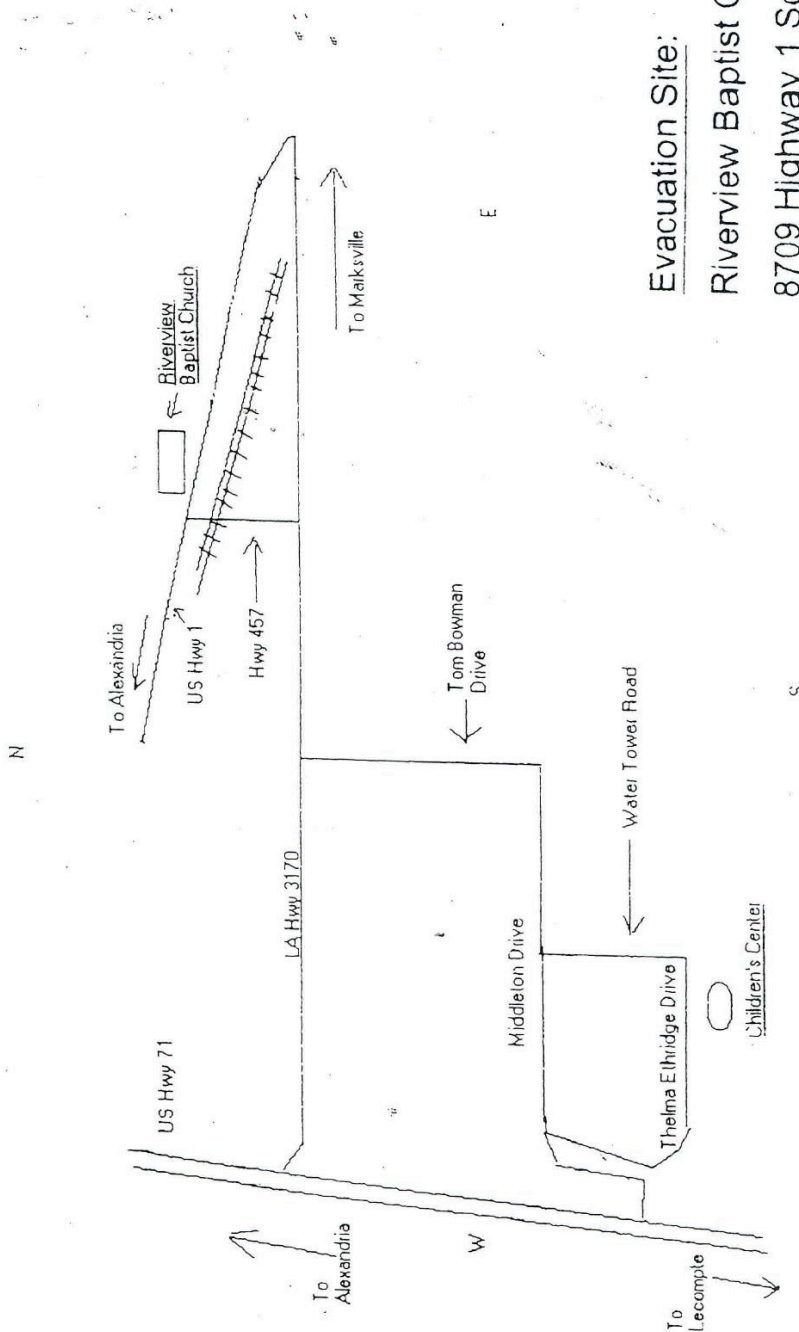
LSUA AFFILIATED PARENT'S SIGNATURE _____

If you as a parent choose to Breastfeed you will be allowed to do so at any time at the center. A space will be provided for your privacy.

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