

CCSU Drop-In Childcare Center
CHILD CARE Enrollment Form

Date of Application: _____ Date of Enrollment: _____

Child's Name: _____ Child's Date of Birth: _____ Age: _____

Child's Address: _____ City: _____ Zip Code: _____

Parent/Guardian: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Place of Employment: _____ Work Address: _____

Blue Card ID: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Parent/Guardian: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Place of Employment: _____ Work Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Medical Information

Allergies: _____

Date of last Tetanus: _____

Other important medical information: _____

Insurance Carrier: _____

Insurance ID: _____

Child's Physician:

Name: _____ Address: _____ City: _____

Phone #: _____

Child's Dentist:

Name: _____ Address: _____ City: _____

Phone #: _____

Authorized Permission for Emergency Pick Up

(Adults who may be contacted if parent/guardian cannot be reached and to whom the child may be released. Listing at least one adult who is **not** the child's parent/guardian is required)

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

3. Name: _____ Phone #: _____ Relationship: _____

Authorized Permission for Alternate Pick Up

(Adults who are authorized to pick up child)

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

3. Name: _____ Phone #: _____ Relationship: _____

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Emergency Authorization

Name of child: _____

I give my consent for the First Aid and CPR certified staff of the CCSU Drop-In Childcare Center to administer First Aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical/dental emergency. I give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Preferred Medical Facility: _____

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Parent Information Packet & Behavior Management Policy Agreement

Name of child: _____

I acknowledge that I have read the Parent Information Packet and agree to abide by the policies and procedures contained in it. I acknowledge that I have read the Behavior Management Policy and techniques used to manage child behaviors at the facility. I have had the opportunity to discuss or clarify any questions I might have related to the Parent Information Packet and Behavior Management Policy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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Permission for Activities Away From the Premises (optional)

Name of child: _____

I give my consent for my child to attend scheduled activities/programs that occur on the CCSU campus.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PHOTOGRAPHIC CONSENT AND RELEASE PREFERENCE FORM

Name: _____

Name of Minor Child: _____

Address: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

PLEASE CHECK YOUR PREFERENCE, DATE, AND SIGN

_____ **I hereby authorize Central Connecticut State University and those acting on its behalf (collectively, "CCSU") to:**

- (a) Record and transmit my image, likeness, voice, presentation and/or the image likeness, voice, presentation of my minor child on and/or in a photographic, video, audio, digital, electronic, or any other medium;
- (b) Use, reproduce, modify, exhibit, and/or distribute any such recording, in whole or in part, in any medium now known or hereafter developed (including without limitation print publications, video tapes, CD/DVD, web sites, webcasts, streaming, and other Internet media), and for any purpose that CCSU may deem appropriate, including without limitation promotional or advertising efforts; and
- (c) Use my, or my minor child's name in connection with any such recordings or uses.

I understand that I shall have no right to inspect or approve any such recordings and uses and that all such recordings and uses, in whatever medium, shall remain the property of CCSU. I release CCSU and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses. I have read and fully understand the terms of this release.

Signature of Parent/Guardian: _____ **Date:** _____

_____ **I do not authorize:**

- (a) Record and transmit my image, likeness, voice, presentation and/or the image likeness, voice, presentation of my minor child on and/or in a photographic, video, audio, digital, electronic, or any other medium;
- (b) Use, reproduce, modify, exhibit, and/or distribute any such recording, in whole or in part, in any medium now known or hereafter developed (including without limitation print publications, video tapes, CD/DVD, web sites, webcasts, streaming, and other Internet media), and for any purpose that CCSU may deem appropriate, including without limitation promotional or advertising efforts; and
- (c) Use my, or my minor child's name in connection with any such recordings or uses.

Signature of Parent/Guardian: _____ **Date:** _____