

**CCSU Drop-In Childcare Center CHILD CARE**  
**Enrollment Form**

Date of Application: \_\_\_\_\_ Date of Enrollment (office use only): \_\_\_\_\_

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 \_\_\_\_\_  
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: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
Child's Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Address: \_\_\_\_\_

**Language Use and Cultural Traditions**

What language(s) are spoken at home? \_\_\_\_\_  
What language is your child most comfortable speaking? \_\_\_\_\_  
Do you have any cultural traditions or celebrations that your family observes?  
\_\_\_\_\_  
Are there any specific cultural practices or beliefs that you would like us to be aware of?  
\_\_\_\_\_

**Authorized Permission for Alternate Pick Up**

Adults who are authorized to pick-up child. Must bring a license or photo I.D. at pick-up. *Adults not listed or without proper I.D. will not be permitted to pick-up child.*

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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 in an emergency if you cannot be reached. **Listing at least one adult who is not the child's parent/guardian is required by CT law).**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **CCSU Drop-In Childcare Center**

### **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: \_\_\_\_\_

## **CCSU Drop-In Childcare Center**

### **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: \_\_\_\_\_

## **CCSU Drop-In Childcare Center**

### **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:** \_\_\_\_\_