

Central Lab School 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 #1: _____

Address: _____ City: _____ Zip Code: _____

E-mail Address: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Place of Employment: _____

Work Address: _____

Parent/Guardian #2: _____

Address: _____ City: _____ Zip Code: _____

E-mail Address: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Place of Employment: _____

Work Address: _____

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 #: _____

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 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: _____

Central Lab School

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: _____

Central Lab School

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 Lab School

Permission for Activities on Campus but 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: _____

CENTRAL LAB SCHOOL
PHOTOGRAPHIC CONSENT AND RELEASE FORM
EDUCATIONAL USE ONLY

Parent/Guardian Name: _____

Name of Minor Child: _____

Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Phone: _____

Purpose of Photographs & Video Recordings

Our preschool incorporates applied learning methods that include observation, documentation, and reflection. As part of our educational program, we may take photographs and video recordings of children for the following purposes:

1. Classroom instruction and learning documentation
(e.g., observing developmental progress, analyzing learning behaviors, reviewing activities)
 2. Student portfolios and assessment records
 3. Teacher training and professional development within the school
- No images or videos will be used for public marketing, social media, or external publications without additional written consent.
 - Due to the incorporation of the applied learning concept embedded within the Central Lab School Pre-K program, and regular implementation of photos/videos used for teacher training purposes, parental/guardian consent is a prerequisite to enroll in the Central Lab School Pre-K program.

Please check the appropriate boxes:

A. Educational Use

I authorize the Central Lab School to take and use photographs and video recordings of my child for educational purposes listed above.

- Yes, I give consent
- No, I do not give consent

Signature of Parent/Guardian: _____ Date: _____

CENTRAL LAB SCHOOL

PHOTOGRAPHIC CONSENT AND RELEASE FORM: GENERAL PURPOSES

Please check your preference, date, and sign:

Parent/Guardian Name: _____

Name of Minor Child: _____

Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Phone: _____

_____ **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: _____