THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

RISE/FCPK Student Application Packet Checklist

(2024-2025 School Year)

Child's Name:_____ DOB: _____

- Application for Enrollment
- Developmental History
- Allergy Form -red
- Income Eligibility Form (CACFP) – green
- BSC/ASC Registration Form
- Child Pick-up Form
- Permission to Access Records
- UAH Photo/Video Release
- ELC Photo/Video Release
- Emergency Medical Release
- Immunization Card
- $50 Application Fee (RISE only)
- Birth Certificate (FCPK Only)
- AL Proof of Residency (FCPK Only)

Please make sure ALL forms are complete and attached before returning the packet to the UAH Early Learning Center.

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

Student Application for Enrollment
2024-2025 School Year (August – July)

For RISE SCHOOL: Please complete the Student Application for Enrollment. Submit the application and a non-refundable application fee of $50.00 to: https://www.uah.edu/early-learning-center/payments

For FIRST CLASS PRE-K: Please complete the Student Application for Enrollment. Return the application, copy of birth certification, immunization record, and AL proof of residency to:

UAH Early Learning Center
ATTN: Enrollment
301 Sparkman Drive, ELC 115
Huntsville, AL 35899

Child's Name: _____
(First) (Middle) (Last)

Child's Date of Birth: _____ Sex: Male ☐ Female ☐

Parent/Guardian Name 1: _____

Parent/Guardian Name 2:_____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____

Are the parents/guardians above the primary caregivers? Yes ☐ No ☐

Primary Language: _____ Secondary Language: _____

Parent/Guardian 1 Information

Email: _____ Cell #: _____ Work #: _____

Occupation: _____ Place of Employment: _____

Parent/Guardian 2 Information

Email: _____ Cell #: _____ Work #: _____

Occupation: _____ Place of Employment: _____

Whom should we contact first in the event of illness or emergency:_____

Preferred number of primary contact:_____

Are parents/guardians (check one): Married ☐ Separated ☐ Divorced ☐ Single ☐

Is a parent/guardian currently employed at UAH? Yes ☐ No ☐

If yes, please check one: Faculty? ☐ Staff? ☐ A#_____

Is a parent/guardian currently enrolled as a student at UAH? Yes ☐ A# _____ No ☐

Do both parents/guardians have permission to pick up the student from school: Yes ☐ No ☐

If no, who has permission to pick up from school: _____

**Please provide custody paperwork for our records.

Emergency Contacts

I give the following individuals permission to pick my child up from the facility in case of illness or emergency:

Name: _____ Relationship:_____

Primary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____

Name: _____ Relationship:_____

Primary Phone: _____

Emergency Medical

Child's Physician: _____

Physician Phone Number: _____

Physician Address: _____ City:_____ State:_____ Zip:_____

Please describe any special medical information or medical conditions below:

_____

_____

_____

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

2024-2025 School Year

Developmental History

Child's Name: _____

Person completing the form: _____ Relationship: _____

Medical History

Delivered at _____weeks by (check one) ☐ Vaginal delivery ☐ Cesarean delivery
Complications during pregnancy: _____
Complications during delivery: _____
Birth weight: _____

After delivery, did the child experience difficulty with any of the following?

- ☐ Breathing
  - ☐ Respirator use for _____ days or _____ weeks
- ☐ Nursing or feeding
  - ☐ Supplemented with formula
  - ☐ Feeding tube
  - ☐ Tongue tied
  - ☐ Lip tied
  - ☐ Weight loss
- ☐ Jaundice
  - ☐ Use of bilirubin light for _____ days
- ☐ Seizures
- ☐ Birth defects
  - Explain: _____

Surgical History

Procedure: _____ Date performed: _____
Procedure: _____ Date performed: _____
Procedure: _____ Date performed: _____
Procedure: _____ Date performed: _____
Procedure: _____ Date performed: _____

Has your child had or does your child have any of the following childhood illnesses:

- ☐ Measles
- ☐ Asthma
- ☐ Reflux
- ☐ Chicken Pox
- ☐ Mumps
- ☐ Rubella
- ☐ Scarlet Fever
- ☐ Tonsillitis
- ☐ Ear Infections
  - ☐ Tubes in ears
- ☐ Seizures
- ☐ Meningitis
- ☐ Other: _____

Please provide any information about the indicated illnesses that would be important for staff to know:

_____

_____

Vision

Does your child have any issues with vision? ☐ Yes ☐ No
Date of most recent vision exam: _____
Test results: _____
Physician or clinic that performed the assessment: _____

Hearing

Does your child have any issues with hearing? ☐ Yes ☐ No
Date of most recent hearing exam: _____
Test results: _____
Physician or clinic that performed the assessment: _____

Medication

Does your child take medication on a regularly scheduled basis? ☐ Yes ☐ No

Please list all medications, the dosage and the purpose for the medication:

Medication	**Dosage**	**Purpose**

Developmental Milestones

At what age did your child perform the following:

Roll over: _____
Sit up: _____
Crawl: _____
Pull up: _____
Take first step: _____
Sleep through the night: _____
Smile: _____
Babble: _____
Say first word: _____

Begin toilet training: _____
Mastered toilet training during the day: ☐ Yes ☐ No Mastered toilet training at night: ☐ Yes ☐ No
If not toilet trained please describe needs:
_____
_____

Does your child feed himself/herself independently: ☐ Yes ☐ No
Is your child a picky eater: ☐ Yes ☐ No

Social Milestones/History

Does your child appear to enjoy interactions with others? ☐ Yes ☐ No

What behaviors or observations would lead you to this conclusion? _____
_____
_____

List three activities that you consider your child's favorites:

1.
2.
3.

When your child is upset, how does he/she seek comfort?

_____
_____

Who are the most significant individuals in your child's life, and how much interaction do they have with your child?

_____
_____

Is there anything or any activities that cause fear or anxiety in your child?

_____

Do you have any behavior concerns? ☐ Yes ☐ No

If yes, please describe his/her behavior: _____

_____

Communication History

What is your child's primary means of communication?

_____

How does your child communicate wants and needs to you?

_____

How does your child communicate wants and needs to those who are not familiar with his/her communication style?

_____

Has your child ever received a speech and language evaluation? ☐ Yes ☐ No

Who conducted the evaluation? _____

Did your child receive speech and language services after the evaluation? ☐ Yes ☐ No

For what length of time did your child receive speech and language services? _____

Developmental Assessments and Therapies

Has your child ever been evaluated for a developmental delay or disability? ☐ Yes ☐ No

If yes, who conducted the evaluation and what was the outcome?

_____

Did your child qualify for services for a developmental delay or disability? ☐ Yes ☐ No

Please list all therapy services below:

Type of therapy: _____ Dates: _____

Therapist Name: _____ Location: _____

Phone Number: _____

Do you have a report from this therapist that can be provided to ELC staff? ☐ Yes ☐ No

If no, can the ELC staff contact the therapist for a report? ☐ Yes ☐ No

Type of therapy: _____

Therapist Name: _____ Location: _____

Phone Number: _____

Do you have a report from this therapist that can be provided to ELC staff? ☐ Yes ☐ No

If no, can the ELC staff contact the therapist for a report? ☐ Yes ☐ No

Type of therapy: _____ Dates: _____

Therapist Name: _____ Location:_____

Phone Number: _____

Do you have a report from this therapist that can be provided to ELC staff? ☐ Yes ☐ No

If no, can the ELC staff contact the therapist for a report? ☐ Yes ☐ No

Adaptive Equipment

Does your child utilize any of the following pieces of adaptive equipment?

- ☐ Hearing aid
- ☐ Glasses
- ☐ AFOs
- ☐ Wheelchair
- ☐ Walker
- ☐ Special seating
- ☐ Other: _____
- ☐ Other: _____

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

ALLERGY

Child's name: _____ Date of Birth: _____

Parent's Name: _____ Phone: _____

Date Completed:_____

Please complete the blanks below: ☐ No known allergies at this time. _____
Parent's Initials

Allergy: _____

Reaction: __ Swelling __Rash __Itching __Difficulty Breathing __Epi Pen

Severe: _____ Moderate: _____ Mild: _____

Allergy: _____

Reaction: __ Swelling __Rash __Itching __Difficulty Breathing __Epi Pen

Severe: _____ Moderate: _____ Mild: _____

Allergy: _____

Reaction: __ Swelling __Rash __Itching __Difficulty Breathing __Epi Pen

Severe: _____ Moderate: _____ Mild: _____

Allergy: _____

Reaction: __ Swelling __Rash __Itching __Difficulty Breathing __Epi Pen

Severe: _____ Moderate: _____ Mild: _____

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) FY: 2023-2024

Part 1. Enrolled Children: list names of all enrolled children				
Names of all enrolled children: Use additional pages if necessary (First and Last)	BIRTH DATE MM/DD/YYYY	CHECK IF IN HEAD/EVEN START	CHECK IF FOSTER CHILD	CHECK IF HOMELESS CHILD
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐

Part 2. Benefits: If any member of your household received SNAP or TANF assistance, provide the type of benefit and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

TYPE OF BENEFIT:_____ CASE NUMBER: _____

Part 3. Total Household Gross Income —You must tell us how much and how often

A. Name – First and Last (List **only** household members not listed in Part 1)	**B. Gross Income and how often it was received** *For example $200/week or $150/twice a month*				
	1.Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other Income	5. Check if no income
	$_____/_____	$_____/_____	$_____/_____	$_____/____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/____	☐

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) - An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement below)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information on the form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sign here: _____ Print name: _____ Date: _____

Last four digits of Social Security Number: X X X – X X – ____ ____ ____ _____ ❑ I do not have a Social Security Number

Address: _____ Phone Number: _____

City:_____ State: _____ Zip Code: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
❑ Hispanic or Latino	❑ Asian	❑ American Indian or Alaska Native
❑ Not Hispanic or Latino	❑ White	❑ Native Hawaiian or Other Pacific Islander
	❑ Black or African American	❑ Other

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household size: _____Total Annual Income: _____ SNAP/TANF Household: ____

Determination for: Free Meals_____ Reduced-Price Meals _____ Paid Meals_____ # Foster free _____ # Head/Even Start Free_____

Homeless Free_____

Determining Official's Signature: _____ Date: _____

CHILD CARE FOOD PROGRAM

(Household Letter for Non-Pricing Programs in Child Care Centers)

To: The Household Member

From: The Official Representative of the Sponsor Dr. Loretta Hayslip

(Name of Center or Organization) UAH Early Learning Center

Please help us to comply with the requirements of the USDA Child and Adult Care Food Program (CACFP). The information requested on this Income Eligibility Form (IEF) is necessary in order for us to receive reimbursement for meals served to participants in our center. The form will be placed in our files and will be treated as confidential information.

INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM

PART 1 - ENROLLED CHILDREN: Print names of all children in household who are enrolled in the center. List the date of birth for each child. If a child is enrolled in Head Start or Even Start, is a foster child or the legal responsibility of the Welfare Agency or a court, or the child is homeless, indicate by marking the appropriate box.

PART 2 – IF ANY MEMBER OF THE HOUSEHOLDS RECEIVES SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF):

1. List the type of benefit SNAP or TANF.
2. List that person's current SNAP or TANF case number.
3. **Sign the form in PART 4. An adult household member must sign. SKIP PART 3**

PART 3 – HOUSEHOLD INCOME

1. List the names of all household members not listed in part one. Include yourself, children not enrolled in the center, your spouse, grandparents, and other related and unrelated people in your household. Use a separate sheet of paper if you need more space.
2. Write the amount of income each person now receives on the same line as their name, how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from. Income is all money before taxes or anything else is taken out. If any amount last month was more or less than usual, write that person's usual monthly income. If any of the household members receive no income, check the box in the last column.
3. Complete PART 4.

The participant in the day care facility may qualify for free or reduced priced meals if their household income falls within the limits on the current Evaluation Sheet for Income Eligibility.

PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

1. An adult household member must sign the form.
2. The form must have the last four digits of the social security number of the adult who signs **if part 3 was completed**. If the adult does not have a social security number, select the box indicating this. If all children in a family are foster children, a social security number is not required.

PART 5 – ETHNIC AND RACIAL IDENTITY: This information is requested solely for the purpose of determining compliance with Federal civil rights laws and will not affect your approval. If you do not mark this, a visual identification will be made and recorded.

Confidentiality: The information on the application is used only to determine eligibility for free or reduced-price meals and to verify eligibility.

The information reported on this form is valid for one year. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

Non-discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

Before School and After School Care

The UAH Early Learning Center (UAH ELC) offers extended care options on regular school days. Before School Care is from 7:00-7:45 am and this program is available **to all UAH ELC students**. After School Care is from 2:30-5:30 pm and is available to students enrolled within our Rise classrooms at the UAH ELC. **After School Care is dependent on availability for students enrolled within our First Class Pre-K classrooms at the ELC.**

In order to streamline communication and ensure we have a confirmed spot for your child, please fill out this form and return as soon as possible. **Even if applying for the First Class Pre-K classrooms (in which ASC is dependent on availability) please be sure to indicate if you need After School Care, so that we can let you know as soon as possible if there will be a spot for your child**. Drop-in inquiries also go through the main office. We want to be flexible and meet your childcare needs, but we need to make sure that ratios are being met for everyone's safety.

Extended Care Rates:

• See 2024-2025 Tuition Fee Schedule

• The tuition for Before and After School Care is PRE-PAID on the first of the month and non-refundable for any unused days.

• We schedule staffing in advance, and we are not always able to accommodate drop-ins. Advance notice is required so we can maintain the staff-to-student ratio required by licensing. A daily rate of $25 applies for After School Care and $10 applies for Before School Care, IF drop-in service is available on that day.

Late Pick-Up Fees:

Please be respectful of our childcare staff by picking up your child(ren) by 5:30 p.m. according to the school lobby clock. Tardiness of more than 5 minutes will result in late fees $15/child for the first five minutes beginning at 5:30, then $10 for every 5 minutes or portion there of, until the child and guardian exit the building. Repeated tardiness will result in dismissal from the After School Care program.

Child's Full Name: _____

Please circle all that apply:

Before School Care
7:00 -7:45 a.m.

After School Care
2:30 - 5:30 p.m.

Please circle if you do not require either:

Do not require BSC or ASC

Parent/Guardian Signature: **Date:**

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

Child Pick Up Form

The following people are authorized to pick up _____ from UAH ELC.
Child's Name

Please include parents and emergency contacts on this list.

Name	Relationship	Phone Number	Driver's License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that I will need to call to let the teacher know if someone other than those listed above will be picking up my child. I understand that I will need to furnish the UAH ELC staff with the person's name, phone number, and driver's license number, and that this information will be verified when the individual arrives to pick up my child from school. UAH ELC may make a copy of their driver's license to keep on file.

_____ _____

Printed Name of Parent/Guardian Date

_____

Signature of Parent/Guardian

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

Permission to Access Student Records

I, _____, give the staff, contract personnel, and university students working with the UAH ELC permission to access and review _____'s records. This information is confidential and will be secured only to those listed above.

_____ _____

Signature of Parent/Guardian Date

THE UNIVERSITY OF
ALABAMA IN HUNTSVILLE

PHOTO AND VIDEO RELEASE FOR THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

I hereby authorize The University of Alabama in Huntsville ("University" or "UAH") and all photographers, videographers, and all others acting pursuant to authority from UAH (collectively with UAH the "UAH Parties"), to record my likeness and voice on a video, audio, photographic, digital, electronic, or any other medium, and to use my name in connection with any such recording. I further grant the UAH Parties the absolute and irrevocable right and unrestricted permission to use any such recording, to copyright the same, and to use, reuse, publish and republish the same in whole or in part, individually or in conjunction with other recordings and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purposes whatsoever for illustrations, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration, and to use my name in connection therewith if the photographer and/or videographer and UAH so chooses.

I hereby release and discharge the UAH Parties, including The Board of Trustees of the University of Alabama and its individual members, and all UAH officers and employees, from any and all claims and demands arising out of or in connection with the use of the recordings, including without limitation any and all claims for libel or invasion of privacy.

This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees and assigns of the photographer and/or videographer as well as the person(s) for whom the recordings were taken.

I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or unknown, and I waive any right to royalties to other compensation arising from or related to the use of the image or product.

I certify that I am at least 19 years of age (or if under 19 years of age, that I am joined in agreeing to this release by my custodial parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

_____
Date

_____
Printed Name of Model

_____
Signature of Model (Regardless of Age)

_____
Address

_____
Phone #

FOR MINORS LESS THAN 19 YEARS OF AGE

*Minors, or persons less than 19 years of age, must have consent from the Custodial Parent or a Legal Guardian. If there are multiple Custodial Parents or multiple Legal Guardians, it is **HIGHLY RECOMMENDED** all Custodial Parents or all Legal Guardians sign to demonstrate consent on this release form. *

_____

Date

_____

Printed Name of Custodial Parent/ or Legal Guardian

_____

Signature of Custodial Parent/or Legal Guardian

_____

Address

_____

Phone #

_____

Date

_____

Printed Name of Custodial Parent/ or Legal Guardian

_____

Signature of Custodial Parent/or Legal Guardian

_____

Address

_____

Phone #

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

Photo and Video Release Form

Child's Name: _____

As the parent/guardian of a child at the UAH Early Learning Center, I agree to the following:

- I understand that my child whose name is listed above may be photographed or videoed at the UAH ELC.
- I understand that these photos or videos may be used in school newsletters or posted on the UAH ELC website, Facebook, Brightwheel App, or any other publication.
- I understand that I have the right to request, in writing, to have photos or videos removed from the website or Facebook within 30 business days.
- I give permission for my child's photos or videos to be: (Please check all that apply)

_____Mounted or displayed within the classroom

_____Mounted or displayed within the school

_____Published on the UAH ELC website

_____Published on the UAH ELC Facebook page

_____Published in the classroom or UAH ELC Newsletters

_____Published in marketing and advertising materials including, but not limited to, printed publications, newspaper and magazine printed ads, and commercials

_____Published in the private classroom accounts in the Brightwheel app

( ) Yes, I confirm that I have read and understand the above and agree to the terms for photo and video release of my child's image. I further release the UAH Early Learning Center from any and all claims for damages libel, slander, invasion of the right of privacy, or another claims based on, arising out of, or connected with the use of such photos and/or videos.

( ) No, I do not wish to have my child's photos or videos published.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

EARLY LEARNING CENTER

2024-2025 School Year

Medication / Emergency Release Form

CHILD'S NAME: _____

I hereby authorize the Director, Lead Teacher, and/or Nurse/LPN to administer medication as prescribed by a physician to my child. I hereby authorize the Director, Lead Teacher, and/or Nurse/LPN to administer Children's Tylenol/Motrin and Children's Benadryl in medical and/or emergency situation.

_____
Signature of Parent/Guardian

_____
Date

In the case of emergency, I hereby authorize the staff of UAH Early Learning Center to seek immediate medical attention. Parents will be contacted while en route to hospital.

_____ _____
Signature of Parent/Guardian Date

I understand that I will be responsible for any medical expenses incurred during emergency treatment for my child. I understand I am responsible for providing insurance information to the medical care provider.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Insurance Provider Group/Contract Number

I hereby authorize the director, teacher or staff to administer sunscreen to my child.

_____
Signature of Parent/Guardian

_____
Date