

§1515.A.1,2,3

Admit Date: _____

Child's Information Form

Child's Name: _____ Sex _____ Birthdate _____

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone#		

Parent Email (Used for communication purposes only with center):

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

NAME	PHONE NUMBER



Does your child have any food allergies?	Yes	No
Does your child have any other allergies?	Yes	No
Does your child have any dietary restrictions?	Yes	No
Does your child have any special needs or health concerns?	Yes	No

If you answered yes to any questions please explain below:

My child has permission to be released to the following individuals, childcare facilities or transportation services in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity)

Name (First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____



§1515.B

Consent to Release Information, Recordings or Photographs

I give my consent for **North Louisiana Early Learning Academy** to release information/photograph(s)/recording(s) of my child/children from which my child might be identified, except to authorized state and federal agencies.

Parent Signature

Date

I give my consent for **North Louisiana Early Learning Academy** to post pictures and videos of my child/children on the center social media pages for advertng, activities, and learning.

Parent Signature

Date

Child/Children Name:

