

Child Enrollment Information/Emergency Authorization

_____ Child's Name	_____ Date of Birth
_____ Street Address	_____ City and Zip Code
_____ Parent/Guardian Name (Mother)	_____ Parent/Guardian Name (Father)

Address (if different than your child's address)

Phone numbers:

Home	_____
Cell (mobile)	_____
Work	_____

Please check which phone number should be used first, second, or third to reach you while your child is in the C-TEC program.

Cell 1 2 3

Home 1 2 3

Work 1 2 3

Please list two people to be contacted in the event of an emergency **if the parent cannot be contacted:**

_____ Name	_____ Name
_____ Street Address	_____ Street Address
_____ City, Ohio, ZIP	_____ City, Ohio ZIP
_____ Relationship to Child	_____ Relationship to Child
_____ Phone numbers	_____ Phone numbers

C-TEC Academy
Child Enrollment Information/Emergency Authorization
(continued)

Name of child's: ** Required information – Please complete all lines

Physician

Dentist

Name

Name

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Phone number

Phone number

Either Part I or Part II below must be completed. Do not complete both.

Permission to Transport

(Part I)

I give _____ my permission to transport my child

(Name of Preschool)

_____ to _____ for emergency

(Name of child)

(Hospital/Clinic)

medical care or to _____ for emergency dental care, or

(Dentist/Clinic)

to the nearest available source of assistance.

Parent's signature X _____ Date _____

Refusal to Grant Permission

(Part II)

I do not give permission to _____ to transport my child

(Name of preschool)

_____ for emergency medical or dental care. In the event of an

(Name of child)

Illness or injury which requires emergency medical or dental treatment, I wish C-TEC to take the following action: _____

Parent's signature X _____ Date _____

C-TEC Preschool Academy Child Release Form

- In order to assure the safety of your child, we will not release children from the C-TEC Preschool Academy to people not authorized by you.
- On this form, please list all the people who might be picking up your child from the C-TEC Preschool Academy. **Names can be added or deleted anytime throughout the year.**
- Inform anyone on your list to be prepared to show C-TEC Preschool Academy staff member a form of ID (Driver's License etc.)
- Only people who are on this list will be allowed to leave with your child. If an emergency occurs, and someone who is not on the list is coming for your child, please call us, or send a note to the school with the child.
- Also, if necessary list any particular person(s) who is NOT PERMITTED to pick up this child. (Attach a Restraint or Divorce decree if needed).

Child's Name _____

Parent's Signature X _____

List of Person(s) to whom this child can be **released**: (Please print)

NAME

RELATIONSHIP TO CHILD

List of Person(s) **NOT PERMITTED** to pick up this child: (Please print) Note: We must have a photo, court order, explanation, etc. Please see Ms. Dickerson.

Restraint or Divorce decree attached: Yes No

C-TEC Preschool Academy

PERMISSION FORMS

PLEASE READ AND SIGN

1. The children go on frequent field trips and walks during the year. If we will be leaving the school grounds, a separate permission form will be sent home. However, if we remain on school grounds, we will view this form as permission for your child to participate.
2. The newspaper or other groups may take pictures featuring the work that is being done in the preschool.
3. Visitors from other schools may be present to observe the children and to see the operation of the preschool.
4. Parents are asked to have a conference with one of the student teachers at least once a year.

I understand the above and give permission for my child _____
to participate in special activities.

X _____
(Signature)

(Date)

PERMISSION FOR ANNUAL CLASS ROSTER FOR PARENTS

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the class roster for parents. Please check "Yes" or "No" in each row.

My child's name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone Number		
Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-mail Address _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Please provide one for C-TEC use)

Date _____

Signature of parent or guardian X _____

C-TEC Preschool Academy
(Permission forms, continued)

ASSESSMENT/OBSERVATION PERMISSION FORM

I give my permission to the staff and student teachers of the C-TEC Preschool Academy to complete assessments and observations of my child _____. I realize and fully agree that assessments include working one-on-one with my child and that some observations may involve video-taping if necessary. I know that the staff of C-TEC Preschool Academy will keep any and all information pertaining to the progress of my child completely confidential, and that I will be provided with the results via conference.

X _____
Parent/Guardian Signature

Date

C-TEC Emergency Alert

In the event of an emergency or an important announcement from C-TEC administration, you will receive an automatic phone call to alert you of any news. Please write the phone number that you want our alert system to call.

Name

Phone number