

CHILD'S PREADMISSION RECORD

Harris Early Learning Center

This form must be completed by the child's parent or guardian. This form is kept in the child's file at the HELC.

Child's Name:	Name child is known by:	Child's Birthdate:	Gender:
*Mother's/guardian's name:	Mother's/guardian's home address:		
	Street/Apt. # City State Zip		
*Father's/guardian's name:	Father's/guardian's home address:		
	Street/Apt. # City State Zip		
Mother's employer:	Mother's/guardian's work address:		
	Street/Apt. # City State Zip		
Father's employer:	Father's/guardian's work address:		
	Street/Apt. # City State Zip		
Phone #'s for Mother: Home: _____ Work: _____ Cell: _____ Email: _____		Phone #'s for Father: Home: _____ Work: _____ Cell: _____ Email: _____	
Special instructions regarding how parent may be reached in an emergency:			

**UNLESS APPROPRIATE LEGAL INFORMATION IS ATTACHED, PARENTS/GUARDIANS ARE ABLE TO VISIT, PICK-UP, AND BE CONTACTED REGARDING THE CHILD.*

Persons whom you authorize HELC to contact in the event of emergency, if the parents are unable to be contacted.

Those listed are authorized to have access to health information about my child.

Name:	Relation:	Phone numbers: Home: _____ Work: _____ Cell: _____
Name:	Relation:	Phone numbers: Home: _____ Work: _____ Cell: _____
Name:	Relation:	Phone numbers: Home: _____ Work: _____ Cell: _____

Name of child's doctor/pediatrician:	Address:	Telephone number:
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Emergency Authorization: I give permission for the HELC to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred, with my insurance as primary coverage. Out of pocket expenses (i.e. Deductibles) may be submitted to the Center for reimbursement through the Center's insurance carrier. In case it is needed in an emergency, our Health Insurance type and policy number is _____ <i>(If parent/guardian refuses to sign, instructions must be attached stating what procedure the HELC is to follow in an emergency.)</i>	
_____ Mother's (or legal guardian) Signature	_____ Date
_____ Father's (or legal guardian) Signature	_____ Date

Please list any medical information concerning your child that would be necessary for teachers to know in an emergency. (For example: allergies, dietary restrictions, medications) Attach additional paperwork if necessary: _____

Upon parental approval, the child may be released to the following person(s):

Name:	Relation:	Phone numbers: Home: _____ Work: _____ Cell: _____
Name:	Relation:	Phone numbers: Home: _____ Work: _____ Cell: _____
Name:	Relation:	Phone numbers: Home: _____ Work: _____ Cell: _____
Name:	Relation:	Phone numbers: Home: _____ Work: _____ Cell: _____

IMPORTANT: WE WILL NOT ALLOW YOUR CHILD TO LEAVE THE HELC WITH ANYONE WHO IS NOT LISTED HERE. THE PARENT MUST NOTIFY THE CENTER WHEN SOMEONE OTHER THAN THE USUAL CAREGIVER WILL PICK UP THE CHILD. THIS PERSON WILL BE ASKED TO SHOW A DRIVER'S LICENSE FOR IDENTIFICATION.

PARENTAL AGREEMENT

To indicate that you have read and understand all points in the Parental Agreement, please initial each box as indicated. A more detailed explanation of these items can be found in the Parent Handbook.

RECORDS

I certify that the information on these forms is correct and I understand that it is my responsibility to keep my child's records current to reflect any significant changes to the information on the Child's Preadmission Form .

Initial

NON-REFUNDABLE REGISTRATION FEE

So that we can be assured of stable enrollment in our various age groups, an annual registration fee is required upon enrollment.

I understand that such registration fees are NON-REFUNDABLE, even in the case where family circumstances may change.

Initial

TAX CREDIT

The Harris Early Learning Center is a "NOT FOR PROFIT" organization.

I understand that I may be able to claim a tax credit for tuition paid but that it is my responsibility to keep records of amounts paid.

Initial

RESEARCH

As a facility managed by Auburn University, the HELC is a research site for projects addressing child development and early childhood education. Parents are strongly encouraged to participate in research projects when invited. All research projects conducted at the HELC are approved by the governing university and HELC administration. Consent for any research project will be obtained from the parents/guardians before a project begins.

I understand that the HELC is a research site and that I may be invited to participate or have my child participate in approved research projects.

Initial

TRAINING

As a facility managed by Auburn University, the HELC is a training site for students in the field of child development and early childhood education. Under the supervision of HELC administration and teaching staff, students are allowed to perform internships, practicum, and various observations as part of their training and education.

I understand that the HELC is a training site and that under the supervision of HELC administration and teaching staff, students may receive training by observing, interning, or performing practicum in my child's classroom as part of their training and education.

Initial

PARENTAL AGREEMENT (continued)

PICTURES AND VIDEOTAPES

From time to time photographs, slides, and videotapes are made of children enrolled in the Harris Early Learning Center. These may sometimes be used for instructional purposes, in print or news media, or for research purposes.

I give permission for the use of pictures and videotapes of my child for these purposes.

Initial

FIELD TRIPS

Field trips are conducted for classrooms with children 3-years-old and up. In cases where needed, transportation will be provided by the HELC.

I understand that special field trips away from the Harris Early Learning Center are planned for the children throughout the year and consent to these supervised excursions and transportation when needed. I will be notified in advance of all field trips.

Initial

STATEMENT OF HEALTH POLICIES

I understand that a State of Alabama Blue Immunization form must be on file and kept up to date for the duration of my child's enrollment. I also understand that my child should remain at home if he or she is infectious and until he or she is free of fever for 24 hours after an illness or leaving school ill. Additional health policies that I must abide by are in the HELC parent handbook.

I understand the above statement on the HELC health policy and agree to abide by it.

Initial

MEDICATION POLICY

I understand that no medication shall be administered without written signed authorization from the parent along with a written physician's statement/prescription. NO over-the-counter medication may be administered to my child. (Sunscreen, insect repellent and diaper creams are exceptions for prescription.)

I understand the above statement on the HELC medication policy and agree to abide by it.

Initial

ASSESSMENT POLICY & CONSULTATION SERVICES POLICY

I understand that all ages attending HELC will participate in a variety of developmental assessments and checklists completed by the teachers throughout the school year. Assessment findings are shared with parents at semi-annual conferences and included in the child's portfolio which follows him/her throughout the center.

I also understand and give consent for Center contracted consultants to be involved in classroom observation, teacher/parent consultation and behavioral/developmental assessment and services. This will include classroom specific developmental/behavioral recommendations relative to the needs of your child. Parental input and communication is a vital part of the ongoing assessment process. Should developmental concerns arise, HELC teachers/directors will make a referral for services and will provide information for varied resources available to provide intervention services.

I understand the above statement on the HELC assessment policy and agree to abide by it.

Initial

CONSENT TO BE CONTACTED USING AUTOMATED TECHNOLOGY AND/OR PRE-RECORDED OR ARTIFICIAL VOICE

By signing and submitting this form, I hereby consent to be contacted by or on behalf of Harris Early Learning Center using automated technology and/or artificial or prerecorded voice, including autodialed calls and texts, at the phone number(s) provided in this form. I understand that consent is not a condition of purchase or services.

Parent/Guardian Signature:

IMPORTANT:

- ☐ FORM NOT VALID WITHOUT SIGNATURE OR INITIALS OF CHILD'S PARENT/GUARDIAN IN EACH SPACE INDICATED ABOVE.
- ☐ MAKE A PHOTOCOPY OF THIS DOCUMENT FOR YOUR RECORDS AND FUTURE REFERENCE.
- ☐ PARENT/GUARDIAN MAY ATTACH ADDITIONAL INFORMATION IF NECESSARY.