UNIVERSITY OF LOUISVILLE.
EARLY LEARNING CAMPUS

FOR STAFF USE ONLY

School Year _____

Classroom _____

Emergency Contact Information / Pick-up Release Form

Child's Name: _____ **Birth Date:** _____

Contact Information

	Parent 1/Legal Guardian	**Parent /Legal Guardian**
Name	First: Last:	First: Last:
Home Address		
Work Address		
Preferred E-mail Address		
Home Phone		
Cell Phone		
Work Phone		

Please list the names of any and all possible persons to whom the ELC is allowed to release your child, if you are not available. List Contacts **IN THE ORDER** that you would like them to be contacted in the event of an emergency. Contacts **MUST PROVIDE A PICTURE ID** in order to pick up your child. By signing this form, you give the ELC permission to share health information about your child with the people listed as emergency contacts.

Name: _____ Telephone Number: _____

Relationship to Child: _____ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

Name: _____ Telephone Number: _____

Relationship to Child: _____ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

Name: _____ Telephone Number: _____

Relationship to Child: _____ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

_____ _____

Signature of Parent or Guardian **Date**

FOR STAFF USE ONLY	
School Year	____________________
Classroom	____________________

Additional Authorized Pick-ups

Child's Name: ____ **Birth Date: ____________________**

Please list the names of any and all possible persons to whom the ELC is allowed to release your child, if you are not available. List Contacts **IN THE ORDER** that you would like them to be contacted in the event of an emergency. Contacts **MUST PROVIDE A PICTURE ID** in order to pick up your child. ***These emergency contacts will not be privy to your child's health information.***

Name: ____ Telephone Number: ______________________

Relationship to Child: ____________________ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

Name: ____ Telephone Number: ______________________

Relationship to Child: ____________________ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

Name: ____ Telephone Number: ______________________

Relationship to Child: ____________________ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

Name: ____ Telephone Number: ______________________

Relationship to Child: ____________________ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

Name: ____ Telephone Number: ______________________

Relationship to Child: ____________________ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

Name: ____ Telephone Number: ______________________

Relationship to Child: ____________________ Can this Person be contacted in case of an emergency? Yes ☐ No ☐

____ ____________________________

Signature of Parent or Guardian **Date**

UNIVERSITY OF LOUISVILLE.
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Medical Release Form

Child's Name: _____ Birth Date: _____

Child's Doctor: _____ Phone Number: _____

Preferred Dentist: _____ Phone Number: _____

Preferred Hospital: _____ Phone Number: _____

Insurance Information

Primary Insurance

Insurance Carrier: _____ Subscriber: _____

ID#: _____ Subscriber Date of Birth: _____

Group #: _____ Relationship to Subscriber: _____

Secondary Insurance

Insurance Carrier: _____ Subscriber: _____

ID#: _____ Subscriber Date of Birth: _____

Group #: _____ Relationship to Subscriber: _____

Please be sure that we have up-to-date emergency information at all times.

I hereby give permission for the Early Learning Campus to seek medical care, for my child/children, in the event of any medical emergency.

_____ _____

Signature of Parent or Guardian **Date**

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Emergency Care

Should the need arise the following emergency treatment procedure will be followed:

- A trained and certified staff member will take whatever immediate steps necessary to stabilize the child's condition.
- If further care is needed, appropriate medical personnel will be contacted (i.e. 911)
- Staff will notify Caregiver/Guardian of situation as soon as possible

I have read and understand the above outlined emergency care procedures.

_____ _____

Signature of Parent or Guardian **Date**

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Student Health History

Child's Name: _____ **Birth Date:** _____

Does your child have any of the following conditions? (Circle correct answer)

ADD/ADHD	Yes	No	Cystic Fibrosis	Yes	No	Sinus Problems	Yes	No
Allergies **Seasonal/Drug**	Yes	No	Dental Problems	Yes	No	Vision Problems	Yes	No
Allergies **Food/Insect**	Yes	No	Diabetes **Type I/Type II**	Yes	No	Other: (Please Specify)		
- Epi-Pen	Yes	No	Orthopedic Impairment	Yes	No			
Anemia/Bleeding Problems	Yes	No	Earaches	Yes	No	**Medications Taken Regularly:**		
Anxiety/Depression	Yes	No	Headaches/Migraines	Yes	No	Purpose	Drug	Dose
Arthritis	Yes	No	Hearing/Speech Problems	Yes	No			
Asthma **Mild/Mod/Sev**	Yes	No	Heart Condition	Yes	No			
Bladder/Bowel Problems	Yes	No	Recent Surgery	Yes	No			
Cancer	Yes	No	Seizures	Yes	No			

• For Immunization Record, see attachment •

If the answer to any of the above is YES, please explain:

_____

_____

Has the student visited the emergency room or hospital for this condition? Please explain:

_____

_____

Will your student need to take routine medications at school? **Yes / No** (circle one)

Has your child been or is your child currently involved in First Steps? **Yes / No**

Has your child been or is your child currently involved in any kind of intervention therapy? **Yes / No**

If yes, what type of services? (Circle all that apply): **Occupational Therapy / Physical Therapy /**

Speech-Language Pathology / Developmental services / Other_____

Does your child have an Individual Family Service Plan (IFSP) or Individualized Education Plan (IEP)? **Yes / No**

_____ _____

Signature of Parent or Guardian **Date**

_____ _____

Signature of Physician **Date**

_____ _____

Office Address Phone Number

Please attach any additional instructions regarding child's special healthcare needs

UNIVERSITY OF LOUISVILLE.
EARLY LEARNING CAMPUS

FOR STAFF USE ONLY

School Year _____

Classroom _____

Allergy/Asthma Emergency Plan

Child's Name: _____ Birth Date: _____

Allergic to (List all allergies): _____

_____

Asthmatic: Yes ☐ No ☐ **High Risk for Severe Reaction: Yes ☐ No ☐**

Please check the types of allergic/asthma reactions most likely experienced by your child. Check all that apply:

Asthma	Allergy	Symptom
☐	☐	Itching and Swelling of the lips, tongue, and/or mouth
☐	☐	Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
☐	☐	Hives, itchy rash, and/or swelling about the face or extremities
☐	☐	Nausea, abdominal cramps, vomiting, and/or diarrhea
☐	☐	Shortness of breath, repetitive coughing, and/or wheezing
☐	☐	"Thready" pulse, "passing out"
☐	☐	Other (Please Describe): _____

Please indicate the plan that best addresses an allergic/asthmatic emergency should your child experience an allergic/asthmatic reaction.

If ingestion of food that brings on an allergic reaction is suspected or if the child has any of the above symptoms, do the following (CHECK ALL THAT APPLY):

☐ **Administer prescribed epinephrine (EpiPen) immediately**

☐ **Administer other prescribed medication:**
Medication and Dosage: _____

☐ **Call 911**

☐ **Call CAREGIVER**
Name and Telephone Number: _____

☐ **Call Child's Doctor**
Name and Telephone Number: _____

By signing this form, I acknowledge that in order to protect my child from allergen exposure, my child's allergy information may be posted around the center. This will serve as a visual reminder to those who may interact with my child throughout the day.

_____ _____

Signature of Parent or Guardian **Date**

UNIVERSITY OF LOUISVILLE.
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Classroom _____

Childcare Consent and Wavier

I (We), the Undersigned Parent(s)/Guardian(s) for _____, am the parent and/or legal guardian of the child and have the right and authority to enroll this child in a child care program. In consideration of the childcare services offered by the University of Louisville Early Learning Campus, I hereby release the Early Learning Campus, Scholar House, the University of Louisville, and their agents, employees and directors, from any and all liabilities or damages relating to my child's participation and enrollment in the University of Louisville Early Learning Campus (hereinafter "ELC").

I affirm that I have had the opportunity to tour the premises at Scholar House where the ELC intends to operate and that I have had the opportunity to interview the ELC staff. I further agree that my family's participation in the ELC is completely voluntary and based upon an informed decision.

I understand that my child will be given the opportunity to participate in physical and group activities that will be supervised by the trained staff members of the ELC and the staff will make every effort to ensure my child's safety. However, I acknowledge that physical and group activities carry an inherent risk of injury and I hereby release the ELC, Scholar House, the University of Louisville, and their agents, employees and directors from any and all liability should my child become injured while participating in ELC activities.

I understand that should my child become injured or ill, the ELC staff will take immediate action to help my child, including, but not limited to, administering basic first aid, administering basic CPR, calling and reporting 911 life-or-limb-threatening emergency, and that by signing this form, I have given my express consent to do so. I also understand that as soon as possible following my child's accident or illness, an ELC staff member will contact me. I agree to leave an emergency phone number so that the ELC staff may contact me if needed.

I understand that any special medical conditions my child has must be provided in writing, with appropriate instructions should a medical situation arise, and that emergency medications may only be administered with a physician's note. I understand that the ELC will be providing food and beverage to my child throughout the day. I understand that any special food allergies or requirements my child has must be provided in writing with appropriate instructions. I will provide substitute food or snacks alternatives I wish my child to have.

I further understand that my child may be dropped off at the ELC start time and that he/she is to be picked up no later than the ELC end time. Should the need arise for my child to remain at the ELC any longer than this, I will contact the ELC ahead of time. I further understand that I will be responsible for paying late charges as outlined in the Enrollment Contract (which are subject to change by the staff of ELC at its discretion). By signing this ***Childcare Consent and Waiver***, I acknowledge that I have read and understand it, and that I am in agreement with its provisions.

_____ _____

Signature of Parent or Guardian **Date**

UNIVERSITY OF LOUISVILLE.
EARLY LEARNING CAMPUS

FOR STAFF USE ONLY

School Year _____

Photo/Video Release Form

Child's Name: _____ Classroom: _____

Throughout the school year the Early Learning Campus (ELC) and other various organizations may visit and take pictures, video, and/or audio recordings of your child. These recordings may be used in your child's classroom, for group projects, published materials, written articles, etc. In order to allow your child to fully participate in these activities we require your signed consent. We understand that parents may have specific beliefs that may conflict with this request. Because of this, we ask that you select the following option most applicable to your family:

(Please Initial only 1 selection)

_____ I agree to allow my child to be audio recorded, videotaped, or photographed. I authorize the release of audio recordings, videotapes, or photographs for public viewing on local channels, for public showing, or for publication at the discretion of ELC.

_____ I agree to allow my child to be audio recorded, videotaped, or photographed for my child's classroom use **ONLY**. I understand that this may limit my child's participation in activities involving other University of Louisville departments and other outside organizations.

_____ I **DO NOT** want my child to be audio recorded, videotaped, or photographed at this time. I understand that this includes photographs to be used inside the classroom, for art projects, etc. I also understand that this may limit my child's participation in activities involving other University of Louisville departments and other outside organizations.

By signing this form, I release ELC, its personnel, and any other persons from any liability connected with the tapings or use of such interviews, photographs, audio, or video recordings as I have given permission above.

_____ _____

Signature of Parent or Guardian **Date**

Please do not edit or alter this form in anyway.
Any concerns or questions may be directed to the Administration Team.

UNIVERSITY OF LOUISVILLE.
EARLY LEARNING CAMPUS

Family Demographic Verification

The Early Learning Campus certifies that this information is confidential and will only be used for programs the center is involved in and to determine childcare tuition assistance eligibility.

Name of Applicant(s)	
Child Name(s) Please list the names of the children who are applying to the ELC.	
Address	
Email Address(es)	
Contact Numbers	Home:
	Cell:
	Other:

Ethnicity Background

Please Indicate the Ethnicities of the following people:

	Name	**Ethnicity (Check any that apply):**
Mother		Caucasian ☐ African American ☐ Hispanic ☐ American Indian ☐ Asian/Pacific Islander ☐ Other ☐
Father		Caucasian ☐ African American ☐ Hispanic ☐ American Indian ☐ Asian/Pacific Islander ☐ Other ☐
Child #1:		Caucasian ☐ African American ☐ Hispanic ☐ American Indian ☐ Asian/Pacific Islander ☐ Other ☐
Child #2		Caucasian ☐ African American ☐ Hispanic ☐ American Indian ☐ Asian/Pacific Islander ☐ Other ☐
Child #3		Caucasian ☐ African American ☐ Hispanic ☐ American Indian ☐ Asian/Pacific Islander ☐ Other ☐

What Primary Language is spoken in the home? _____

Which nationality does the family most closely identify with? _____

Financial Background

Please list the occupations and place of employment for the parents/guardians of the student(s) being enrolled. **If either parent is a student, please list the academic institution where they are currently enrolled.**

Parent/Guardian Name	Occupation	Place of Employment

University of Louisville Staff, Faculty, and **ALL** Students, please list your Student/Employee ID: _____

Please indicate the approximate annual household income:

- Less than $15,000 ☐
- $15,000-$30,000 ☐
- $30,000-$50,000 ☐
- $50,000-$75,000 ☐
- $75,000-$100,000 ☐
- More than $100,000 ☐

Educational Background

Please indicate the highest level of education completed for the parent(s) of the child applying:

Parent/Guardian Name	Highest Level of Education Completed
	Some High School ☐ High School/GED ☐ Some College ☐ Associates ☐ BA ☐ MA ☐ Ph.D ☐ Technical Degree ☐ Other Graduate Degree (Please list): _____
	Some High School ☐ High School/GED ☐ Some College ☐ Associates ☐ BA ☐ MA ☐ Ph.D ☐ Technical Degree ☐ Other Graduate Degree (Please list): _____

Based on your education, employment, skills, and/or interests are there any topics you would be interested in sharing with ELC students and/or staff? If so, what are they? _____

_____

Signatures

PLEASE READ CAREFULLY BEFORE SIGNING

By signing this form, I understand that the University of Louisville's Early Learning Campus is relying on this information to prove household income in participation and partnership with available tuition assistance grants and programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of necessary demographic information if requested.

_____ _____

(Signature) (Date)

_____ _____

(Printed Name) (Relationship to Child)

UNIVERSITY OF LOUISVILLE
EARLY LEARNING CAMPUS

FOR STAFF USE ONLY:

Classroom: _____

Walking Field Trip Permission Slip

Child's Name: _____ School Year: _____

Throughout the school year, your child's class may take routine walking or buggy ride field trips on Early Learning Campus property (around the ELC and Family Scholar House buildings). These will only occur when weather permits and when your child has adequate outerwear (***i.e. jacket, hat, gloves for winter and sunscreen and hat for the summer).*** The younger classes will be secured in buggies so that they may go on rides, while older classes may hold hands and walk in smaller groups. All classes will be supervised by at least two facilitators during these outings.

By signing this form, I give permission for my child to participate in these outings. I understand that participation is dependent upon how well my child is prepared for the weather. I will ensure my child has the proper outerwear in her/his cubby so that she/he may attend these walks throughout the year.

_____ _____

Signature of Parent or Guardian **Date**

UNIVERSITY OF LOUISVILLE
EARLY LEARNING CAMPUS

Sunscreen/Insect Repellent Authorization

Child's Name: _____ Classroom: _____

I understand that by signing this form, I give the Early Learning Campus permission to apply sunscreen to my child's skin, as needed, in order to protect against sun injury. I understand that it is my responsibility to provide sunscreen for this purpose and that any sunscreen or sun block provided will have an UVB and UVA protection of SPF 15 or higher. Any product that becomes expired will be returned to me to be disposed of in the manner that I see fit. This permission is valid until the product has been used in its entirety or it expires, whichever occurs first.

Additionally, I give permission for the application of insect repellents **only when public health authorities recommend due to a high risk of insect-borne disease** (*Lyme, etc*.). Repellent containing DEET will be used and shall be applied only on children older than two months. Staff will apply insect repellent no more than once per day.

_____ _____

Signature of Parent or Guardian **Date**

I have Allergies and/or Asthma…

Date: _____

My Name is: _____

I am in the _____ **Classroom**

I am allergic to: _____

_____

I am asthmatic: Yes ☐ No ☐

I am at High Risk for a reaction: Yes ☐ No ☐

I have emergency medication: Yes ☐ No ☐

Place Child's

Photo Here

I have an EpiPen / Inhaler / Nebulizer / Other: _____ (circle all that apply)

Please watch me for these symptoms: _____

_____

Please Note:

A child in this classroom is allergic to:

_____