



TRINITY KID'S LEARNING CENTER

309 PINEHILL DR. MOBILE, AL 36606

BUS. (251) 476-1844 FAX (251) 408-3046

Dear Parents,

We would love for our parents and students to be a part of our Trinity Kids Learning Center Facebook page. The kids will only be photographed if you give us permission to do so.

1. I GIVE TRINITY KIDS LEARNING CENTER PERMISSION TO PHOTOGRAPH AND VIDEOTAPE MY CHILD ENGAGED IN INSTRUCTIONAL ACTIVITY AND TO USE PHOTOS AND VIDEOS ON SOCIAL MEDIA AND OTHER MEDIA FOR PROGRAM PUBLICITY.
2. I GIVE PERMISSION TO USE MY CHILD'S DEMOGRAPHIC INFORMATION FOR TRINITY KID'S LEARNING CENTER REPORTS AND PUBLICATIONS (NO IDENTIFIABLE INFORMATION WILL BE DIRECTLY ASSOCIATED WITH YOUR CHILD.) _____ (INITIAL HERE)

Signature _____

Also parents we would like to remind you to **make sure you have given a valid email address**. We will be sending out important information about events and dates at the center via email from now on. In addition, **please write legibly** so we can understand your writing which will ensure that we have the correct email address for everyone. Make sure that your email is up to date, also inform us of any new email address. We want to be able to notify every parent of any information.

Email _____

Thank you

H. Child's preadmission record

DHR-CDC-739
Revised 1/06

CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ()	Employer's telephone number: ()
List telephone numbers such as beeper, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care facility 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. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
Signature Date

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____ / _____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

 This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

Additional information may be attached.