

Georgia State University Child
Development Program
CHILD ENROLLMENT FORM

Lanette L. Suttles Child Development
30 Courtland Street, University Plaza, G-17, Alumni Hall
Atlanta, GA 30303
Phone: 404-651-2025 ~ Fax: 404-651-4608
16 digit Panther Card ID# _____

Capitol Hill Child Enrichment Center
197 Decatur Street
Atlanta, GA 30303
Phone: 404-463-8161 ~ Fax 404-463-8165

Registration Date _____

Child's Name

Sex

Age

Date of Birth

Home Address

City

State

Zip

Home Telephone

Parent/Guardian #1/Home Address/Telephone Number, if different from child's

Parent/Guardian #1 Place of Employment/Address of Employment/Business Number/Pager, Cellular

E-Mail Address _____ Computer Security Code (4 Digits) _____

Parent/Guardian #2/Home Address/Telephone Number, if different from child's

Parent/Guardian #2 of Employment/Address of Employment/Business Number/Pager, Cellular

E-mail Address _____ Computer Security Code (4 Digits) _____

Child's Living Arrangements: [] Both Parents [] Mother [] Father [] Other

Child's Legal Guardian(s) [] Both Parents [] Mother [] Father [] Other

The Child May be released to the person(s) signing this agreement or to the following:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons to contact in the case of emergency when the parents cannot be reached:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of private or public school child attends, if any: _____

Child's Physician or Clinic's Name (Child's Primary Health Care Source): _____

Telephone Number of Physician or Clinic: _____

My child has the following special need(s):

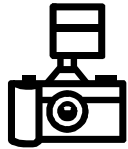
The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:

Signature (Parent/Guardian) _____ Date: _____

PERMISSION FORM

The Child Development Center is a demonstration center that provides a unique setting in which students from Georgia State University are offered an opportunity to learn about young children through structured interaction and observation.

In connection with this research, photographs may be made, field trips may be taken away from the Center, or children may participate in varied activities connected with investigation and research projects. In order to be sure parents are aware of and understand these possibilities, we are asking you to give permission for the following by signing at the bottom of this form. If you do not want your child to participate in any of the following, you must attach a written statement of your decision.



1. Permission to Photograph

The preschool classroom is used on a regular basis for training. The classroom is equipped with cameras to accommodate distance learning for other four year old programs statewide. All preschoolers will be videotaped.



2. Investigation and Research Projects

It is my understanding that a function of the Child Development Center is to serve as a research facility. Ongoing research enhances excellence in curriculum and knowledge of child development is enhanced by ongoing research. I understand that GSU faculty, and students under the supervision of faculty, will conduct research at the Child Development Center. I grant permission for this. I understand that if a research study will require my child's participation either for an extended period of time or participation outside of the classroom, I will be informed and can then decide if I want my child to participate and will sign a specific permission slip for that project.

Child's Name _____

Parents/Guardian Signature _____ Date _____



Parental Agreements with Georgia State University Child Development Program

The Georgia State University Child Development Program agrees to provide day care for

(Name of Child)

On _____ a.m. to _____ p.m. from
Days of Week
_____ To _____
Month Month

My child will participate in the following meal plan (check applicable meals and snacks):

- Morning Snack
- Lunch
- Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number, if any; dosage; date and time medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Georgia State University Child Development Program agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I have received a copy and agree to abide by the policies and procedures for the GSU Child Development Program.

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Facility Administrator/Person in Charge