

ECELP Enrollment Form 2021-2022

Start of Block: LSU ECELP Enrollment Form

Q1 Welcome to the 2021-2022 Enrollment Information packet.

Please be sure to visit the [ECELP Website](#) for the 2021-2022 ECELP Calendar, Parent Handbook, Menu and more!

Q108 Classroom Assignment

Q2 Child's Full Name (Last name, First name)

Q4 Child's Date of Birth MM/DD/YYYY

Q5
Sex

- Male (1)
- Female (2)

Q112 Ethnicity

- African American (1)
- Asian (2)
- Caucasian (3)
- Hispanic (5)
- Native American (6)
- Pacific Islander (7)
- Unknown (9)

Q6 Home Address (please include city, state, and zip)

Q8 Parent #1/Guardian's Full Name

Q10 Parent #1/Guardian's Home Address, if different from child. Please include city, state, and zip.

Q11 Parent #1/Guardian's Place of Employment

Q12 Parent #1/ Guardian's Work Phone Number

Q13 Parent #1/ Guardian's Cell or Home Phone Number

Q14 Parent #1/ Guardian's Email address

Q16 Parent #2/Guardian's Name

Q18 Parent #2/Guardian's Home Address, if different from child. Please include city, state, and zip.

Q19 Parent #2/Guardian's Place of Employment

Q20 Parent #2/Guardian's Work Phone

Q21 Parent #2/Guardian's Cell or Home Phone Number

Q22 Parent #2/Guardian's Email address

Q24

PLAY EQUIPMENT AUTHORIZATION

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at the LSU Early Childhood Education Laboratory Preschool (Referred as Preschool here thereafter).

(Please type your first and last name, or type "I decline")

Q25

FAMILY HANDBOOK VERIFICATION

I have had access to the LSU Early Childhood Education Laboratory Preschool's Family Handbook which is found at www.lsu.edu/ecelp. I agree to follow the procedures and policies of the LSU ECE Lab Preschool. I understand that failure to follow the policies and procedures of the LSU ECE Lab Preschool may result in disciplinary action, including termination of services.

(Please type your first and last name, or type "I decline")

Q96 NON-VEHICULAR EXCURSIONS AUTHORIZATION

I grant permission for my child to participate in off-site activities such as nature walks on campus or walking to the library or EBR Book Mobile. Children are walking and will be accompanied by staff of the center.

(Please type your first and last name, or type "I decline")

Q26

WATER ACTIVITIES RELEASE FORM

I understand that water activities consist of outdoor play with children running through sprinklers and being sprinkled with the water hose. I understand that within the classroom in the "discovery area" the children may participate in activities such as bathing baby dolls in a pan, pouring and measuring water, "washing" dishes, and/or using a water table for play. The LSU Early Childhood Education Laboratory Preschool does not use a wading pool at any time.

My child has permission to participate in any type of supervised water activities while attending the LSU Early Childhood Education Laboratory Preschool. I understand the Preschool will take

precautions to provide the safety of my child. I, the undersigned, do hereby release, remise, and forever discharge all sponsors, the LSU ECE Lab Preschool, and Louisiana State University BR, from any and all suits, claims, and demands, actions, or cause of action past, present, or future arising out of any damage or injury while participating in water activities.

(Please type your first and last name, or type "I decline")

Q27

FIELD TRIP TRANSPORTATION PERMISSION

I permit my child to use the transportation services of the LSU Early Childhood Education Laboratory Preschool for extra-curricular field trips. I fully understand that the LSU ECE Lab Preschool is liable for transportation services only and not for accidents/injury during such activities. Children will not be transported in the back of a pick-up truck.

I hereby give my permission for my child to participate in spontaneous, walking field trips throughout the school year. I understand that each trip will take place on the LSU-Baton Rouge campus, weather permitting.

(Please type your first and last name, or type "I decline")

Q28

CONTACT COMMITMENT

I will keep my child's Master Card emergency contact list updated with individuals that are authorized to be contacted in an emergency and/or can pick up my child from the LSU Early Childhood Education Laboratory Preschool.

(Please type your first and last name, or type "I decline")

Q109 MEDICAL INFORMATION

Does your child have any allergies?

Yes (1)

No (2)

Skip To: Q31 If MEDICAL INFORMATION Does your child have any allergies? = No

Q110 If your child has any allergies, you must fill out a separate Action Plan for Child with Allergies packet. You can request this packet from your child's teacher.

Q31
MEDICAL INFORMATION

Please list any dietary restrictions.

Q32
MEDICAL INFORMATION

Does your child have a hearing impairment? If yes, please provide brief details.

Yes (1) _____

No (2)

Q100

MEDICAL INFORMATION

Does your child have a vision impairment? If yes, please provide brief details.

Yes (1) _____

No (2)

Q35

MEDICAL INFORMATION

Please list any disabilities or special needs.

Q36

MEDICAL INFORMATION

Are there any therapists working with your child?

Yes (4)

No (5)

Skip To: Q37 If MEDICAL INFORMATION Are there any therapists working with your child? = No

Q107 MEDICAL INFORMATION Please identify what type(s) of therapy your child will be receiving and include the company providing that therapy.

Speech Therapy (1)

Physical Therapy (2)

Occupational Therapy (3)

Other (4) _____

Q37

MEDICAL INFORMATION

Does your child have any major medical conditions or illnesses?

Yes (4)

No (5)

Skip To: Q38 If MEDICAL INFORMATION Does your child have any major medical conditions or illnesses? = No

Q111 If your child does have medical conditions, you must fill out a separate Action Plan for Children with Medical Condition packet. You can request this packet from your child's teacher.

Q38

MEDICAL INFORMATION

Please list any serious accidents.

Q39

MEDICAL INFORMATION

I consent to have my child's allergies/medical conditions posted to better inform staff, volunteers, and student workers in assisting my child.

(Please type your first and last name, or type "I decline")

Q40

EMERGENCY MEDICAL CARE/TREATMENT CONSENT

I give consent for necessary emergency medical treatment for my child. LSU Early Childhood Education Laboratory Preschool may arrange for emergency transportation and my child may be transported by an ambulance or EMS. LSU Early Childhood Education Laboratory Preschool will not bear responsibility for anything that may happen as a result of false or misleading information given at the time of enrollment. Parents are responsible for updating all enrollment information. The LSU ECELP will not assume responsibility for a child who has not been signed in upon arrival for the day.

I understand that emergency medical treatment will be given only with parent consent. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, the parent, or a responsible designated adult may be reached. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the below named doctor, hospital or dentist.

I hereby grant permission for my child to be evacuated to a safe place in case of emergency weather or other conditions. In the event of such emergency, the LSU Early Childhood Education Laboratory Preschool will contact me or a person listed on this emergency form.

Parent/Guardian consent given. Please type your first and last name for consent. (7) _____

Parent/Guardian decline. Please type your first and last name to decline. (8) _____

Additional Parent/Guardian consent given. Please type your first and last name for consent. (9) _____

Additional Parent/Guardian decline. Please type your first and last name to decline. (10) _____

Q100 Family Doctor Name, Address and Phone number:

Q101 Name of Hospital or Clinic, Address and Phone number:

Q102 Name of Medical Insurance, Policy # & Holder's Name:

Q103 Family Dentist or Dental Clinic Name, Address and Phone number:

Q104 Name of Dental Insurance, Policy # & Holder's Name:

Q41

AUTHORIZATION FOR THE APPLICATION OF TOPICAL PRODUCTS

I give permission for the staff at LSU Early Childhood Education Laboratory Preschool to apply the following topical products to my child, whether Center-provided or parent-provided items.

(Please type your first and last name, or type "I decline")

Q42

AUTHORIZATION FOR THE APPLICATION OF TOPICAL PRODUCTS

Approved topical products:

(Please select all options you grant LSU ECE staff permission to apply)

Sunscreen (5)

Insect Repellant (deet free) (6)

Other (8) _____

Q43

AUDIO & VIDEO SURVEILLANCE NOTIFICATION

The LSU Early Childhood Education Laboratory Preschool is equipped with audio & video surveillance tools and viewing screens to further ensure the safety and security of our children, parents, lab students, faculty, staff, and visitors. The audio & video surveillance tools, as well as the access to the information, are monitored by LSU's Campus Police Department.

An overview of the LSU ECE Lab Preschool's Audio & Video Surveillance Policy is listed below:

- All audio and/or video surveillance cameras are located ONLY in public spaces.
- The equipment is used for the safety and security of the students, employees, and visitors.
- The cameras are constantly on and recording 24/7. Recorded information is saved for approximately 60 days, and after the 60 days the information is erased.
- In the case of known incidents, still pictures, videos, and/or a sound recording is saved and filed with that specific incident report.

Please contact the Preschool Director if you have any questions or concerns regarding this policy.

I have read the above audio & video surveillance policy and understand that anyone entering the LSU ECE Lab Preschool will be recorded on the security cameras.

(Please type your first and last name, or type "I decline")

Q44

AUDIO/VIDEO/PHOTO/OBSERVATION RELEASE FORM

I, hereby, consent that all digital images, photographs, videos or other images, as well as voice recordings, taken of my child by LSU or the LSU Early Childhood Education Laboratory Preschool students or staff, may be used by LSU or the LSU ECE Lab Preschool for the purpose of education, decorations, illustrations, advertising, or publications in any manner. I understand that parents may also observe, photograph, and/or record at the Preschool. I am aware that since my child is enrolled at the LSU ECE Lab Preschool, which is a campus-based preschool, he/she may be observed, visual &/or voice recorded, digitally imaged, &/or photographed by LSU faculty, staff, and students to use in classroom assignments only. This will be supervised by teachers and staff of the LSU ECE Lab Preschool. No child will be observed, visual &/or voice recorded, or photographed without the supervision of a teacher and the authorization of the Director or Associate Directors of the LSU ECE Lab Preschool.

(Please type your first and last name, or type "I decline")

Q45

VISUAL/AUDIO IMAGE RELEASE

I grant permission to Louisiana State University, its employees and agents, to take and use visual/audio images of my child. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I agree that LSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as University-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides. I waive any right to inspect or approve the finished images or any printed or electronic matter that maybe used with them, or to be compensated for them.

To the extent that any materials generated in connection with these activities are deemed educational records under the Family Educational Rights and Privacy Act (FERPA), I acknowledge that this release constitutes a waiver for this limited purpose under FERPA.

I release LSU and its employees and agents, including any authorized third party, from any claims, damages or liability arising from the publication, or distribution of any images or materials generated through the practice described herein.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact and I freely accept the terms.

(*Please type your first and last name, or type "I decline")
