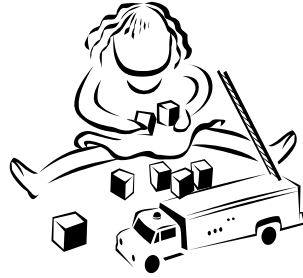


Lanette L. Suttles Child Development
30 Courtland Street, University Plaza, G-17, Dahlberg Hall
Atlanta, GA 30303
Phone: 404-413-8460 ~ Fax: 404-413-8463

Capitol Hill Child Enrichment Center
197 Decatur Street
Atlanta, GA 30303
Phone: 404-413-8454 ~ Fax 404-413-8458



Georgia State University Child Development Program CHILD ENROLLMENT FORM

16 digit Panther Card ID# _____

Registration Date

Child's Name Sex Age Date of Birth

Home Address City State Zip Home Telephone

Parent/Guardian #1 Name Home Address Home Telephone Cell Telephone

Parent/Guardian #1 Place of Employment Address of Employment Business Number

E-Mail Address _____

Parent/Guardian #2 Home Address Home Telephone Cell Telephone

Parent/Guardian #2 Place of Employment Address of Employment Business Number

E-mail Address _____

Child's Living Arrangements: Both Parents Mother Father Other

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

(Administrative Assistant initial and date each page that information is complete) initial _____ date _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Address of Physician or Clinic: _____

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: _____

(Administrative Assistant initial and date each page that information is complete) initial _____ date _____

PERMISSION FORM

The Child Development Center is a demonstration center that provides a unique setting in which students and faculty from Georgia State University learn about young children through research, 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. Investigation and Research Projects

It is my understanding that a function of the Child Development Program 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 in the Child Development Program. I understand that if a research study will require my child's participation I will be informed and can then decide if I want my child to participate, and will sign a specific consent form for that project.

2. Age Grouping/Transitions

Children are grouped according to date of birth. For example to be placed in the Toddler I classroom, the child must be one on or before September 1st. To be placed in the Toddler II classroom, the child must be two on or before September 1st.

Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the agreement of the older child's parents and is developmentally appropriate for the child.

Child's Name: _____

Parents/Guardian Signature: _____ Date _____

(Administrative Assistant initial and date each page that information is complete) initial _____ date _____

**Georgia State University
Child Development Program
Emergency Medical Authorization**

Should (*Child's name*) _____ (*Child's date of birth*) , _____ suffer an injury or illness while in the care of the Georgia State University Child Development Program (CDP) and the staff is unable to contact me (us) immediately, the CDP is authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care:

Physician/Clinic Name	Address	Telephone Number
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Known medical conditions, i.e., diabetic, asthmatic, drug allergies, dietary restrictions, etc:

Signed _____
Parent/Guardian

Date _____
Telephone _____

(Administrative Assistant initial and date each page that information is complete) initial _____ date _____



**Parental Agreements with Georgia State University
Child Development Program**

Georgia State University Child Development Program agrees to provide child care for (child's name) _____

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

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

- Breakfast
- 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

(Administrative Assistant initial and date each page that information is complete) initial _____ date _____

**GEORGIA STATE UNIVERSITY
CHILD DEVELOPMENT PROGRAM
PHOTOGRAPHIC AND OTHER MEDIA
CONSENT, RELEASE AND ASSIGNMENT**

I HEREBY CERTIFY that I am the parent and /or guardian of _____ (“My Child”), a minor under the age of 18 years.

I, _____, hereby grant to the Board of Regents of the University System of Georgia by and on behalf of Georgia State University (“Georgia State”), and those acting pursuant to its authority, including, but not limited to, the Georgia Department of Education and other colleges and universities, the absolute right and permission to:

- a. record My Child’s participation and appearance on videotape, audiotape, film, photograph or any other medium (the “Media”);
- b. use My Child’s name, likeness, voice and biographical material in connection with the Media; and
- c. exhibit or distribute the Media in whole or in part, including via the World Wide Web, without restrictions or limitation for any educational or promotional purpose, which Georgia State, and those acting pursuant to its authority, deem appropriate.

I further grant to Georgia State the right to copyright the Media in its own name or to publish, to market and to assign the Media without further consideration, compensation or report to me.

I hereby waive any rights or interest that I might have in the Media, including any rights to inspect and/or approve the finished Media or the use of which the Media may be applied so long as such use is lawful.

I, on behalf of myself, spouse, family, heirs, beneficiaries, and personal representatives, covenant not to sue and agree to release and forever discharge Georgia State, the Board of Regents, and the State of Georgia, their officers, agents, employees, and representatives (“Releasees”) from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys’ fees that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by me or My Child, arising out of the use of the Media as set forth above whether caused by my action or negligence or the action or negligence of Releasees or third parties.

AS EVIDENCED BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ THE FOREGOING RELEASE AND ASSIGNMENT AND WARRANT THAT I AM 18 YEARS OF AGE OR OLDER AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE.

Print name: _____ Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

(Administrative Assistant initial and date each page that information is complete) initial _____ date _____

Photograph & Recording Release (BTP)

I hereby grant Georgia State University (GSU) permission to photograph and record my child for educational and promotional purposes including reporting, training, assessing the progress of children in Best Practices Training Initiatives. I agree that GSU is authorized to exhibit or distribute such photographs and recordings in whole or in part without restrictions or limitations for any educational or promotional purpose that GSU deems appropriate including use in both printed or electronic media formats.

Name of Child

Parent/Guardian Signature

Date

(Administrative Assistant initial and date each page that information is complete) initial _____ date _____