

# Child Enrollment and Health Information ~ Addendum

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Who lives with the child? \_\_\_\_\_

Siblings: (names & ages) \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

<p><b>LIST THE NAMES OF ANYONE AUTHORIZED TO PICK UP THE CHILD, INCLUDING PARENTS</b></p> <p>_____</p> <p>_____</p> <p><i>Prior written notification is required if anyone other than these individuals plan to pick up the child.</i></p>
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## Health and Social Record

Does your child have health insurance coverage for treatment in an emergency? \_\_\_No \_\_\_ Yes

*If yes, please provide insurance information below and indicate the names of individuals authorized to have access to the health information about the child. Attach a copy (front & back) of the insurance card to this addendum.*

\_\_\_\_\_

\_\_\_\_\_

## Media Consent

I hereby agree and give permission for my child, \_\_\_\_\_, to be photographed, filmed, and/or videotaped for purposes of publication in Mini University, Inc. newsletters, newspapers, magazines, web-sites, or other printed or online media or broadcast by means of radio, computer (internet), or television transmission.

By law, Mini University, Inc. protects the privacy of the students and is prohibited from releasing students' personal information. Please mark one of the choices below and return to the school.

I hold **Mini University, Inc.** and  **Montgomery County**  **Miami Valley Hospital**  
 **Wright State University**  **Miami University**

free, harmless, and blameless from any and all liability resulting from the photographs, filming and/or videotaping. I understand this form signifies my consent.

\_\_\_\_\_  
*(Parent Signature)* **Date:** \_\_\_\_\_

I do **not** give permission as defined above; however, Mini University, Inc. may photograph my child and use the photos exclusively for classroom use.

\_\_\_\_\_  
*(Parent Signature)* **Date:** \_\_\_\_\_