

# Child Enrollment and Health Information ~ Addendum

Child's Name: \_\_\_\_\_ Child's Last 4 SSN#: \_\_\_\_\_  
(First – Middle – Last Name required)

Child's Date of Birth: \_\_\_\_\_ City and State (or Country) of Birth: \_\_\_\_\_

Female  Male Foster Child:  Yes  No

Race:  Black/African American  White  Asian  Multiracial  
 American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander  
 Prefer Not to Answer

Ethnic Identity:  Non-Hispanic or Latino  Hispanic or Latino  Prefer Not to Answer

Native Language:  English  Spanish Other: \_\_\_\_\_ Limited English:  No  Yes

County of Residence: \_\_\_\_\_ Publicly Funded:  Yes  No

Child's Date of Residence in this County: \_\_\_\_\_ (could be child's birth date)

Food Assistance:  SNAP  OWF

Employee/Student ID# (if applicable): \_\_\_\_\_ Referred By: \_\_\_\_\_ N/A \_\_\_\_\_

Family Structure:  1-Parent Family (Dad)  1-Parent Family (Mom)  
 2-Parent Family  No Parents Present

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

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

Does your child have an IFSP or IEP?  Yes  No

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.*

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**LIST THE NAMES OF ANYONE AUTHORIZED TO PICK UP THE CHILD, INCLUDING PARENTS**

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*Prior written notification is required if anyone other than these individuals plan to pick up the child.*

## 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 the following sponsoring organizations: *(Check applicable sponsor)*

**Miami University**                       **Omega CDC**  
 **Sinclair Community College**       **Wright State 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.

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

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

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