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

Is your child enrolled in Dolly Parton's Imagination Library of Ohio? __Yes __ No ___ Not Eligible

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.***

_____

_____

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

_____

_____

_____

_____

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)