



CHILD ENROLLMENT FORM

FOR EARLY CARE AND EDUCATION PROGRAMS

PROGRAM LOCATION



Parents: Complete this form in its entirety prior to the child's first day of attendance, review annually, and update as needed.

CHILD INFORMATION

Child's Name		Date of Birth		First Day at Program	
Classroom		Schedule			
Address					
City		State		Zip Code	
City and State (or Country) of Birth					
Sex		Foster Child ☐ Yes ☐ No		Food Assistance ☐ SNAP ☐ OWF	
Race		Ethnic Identity			
Native Language		If Other Language, Specify		Limited English ☐ Yes ☐ No	
County of Residence			Child's Date of Residence in this County		
Funding Source (check all that apply): ☐ Private Pay ☐ PFCC ☐ Ohio ECC ☐ Preschool Promise ☐ OPP ☐ CCVP					
School District			IFSP or IEP? ☐ Yes ☐ No		
Is your child enrolled in Dolly Parton's Imagination Library of Ohio? ☐ Yes ☐ No ☐ Not Eligible					

PARENT / GUARDIAN INFORMATION

Parent #1 Name		Parent #1 Relationship to Child				
Parent #1 Address		Same as Child's ☐		City	State	Zip Code
Parent #1 Email Address			Parent #1 Mobile Number			
Parent #1 Work/School Name (if applicable)			Parent #1 Work/School Phone Number			
Check if N/A ☐ N/A		Parent #2 Name		Parent #2 Relationship to Child		
Parent #2 Address		Same as Child's ☐		City	State	Zip Code
Parent #2 Email Address			Parent #2 Mobile Number			
Parent #2 Work/School Name (if applicable)			Parent #2 Work/School Phone Number			
Parent Employee/Student ID# (if applicable)		Were you referred to Mini University by someone? If so, by whom?				

FAMILY / HOUSEHOLD

Family Structure ☐ Two-Parent Household ☐ Single-Parent Household ☐ Legal Guardian/Relative Caregiver ☐ Foster Care

Does the child have siblings? If yes, list their names and ages.

EMERGENCY CONTACTS

Primary Emergency Contact #1 Name (cannot be parent/guardian)	Optional Emergency Contact #2 Name ☐ N/A
EC #1 Relationship to Child	EC #2 Relationship to Child
Primary Emergency Contact #1 Mobile Number	Optional Emergency Contact #2 Mobile Number
EC #1 Other number/email (if applicable)	EC #2 Other number/email (if applicable)
My child may be released to this emergency contact ☐ Yes ☐ No	Optional: My child may be released to this contact ☐ Yes ☐ No

AUTHORIZED PICKUP — IN ADDITION TO PARENTS/GUARDIANS LISTED ABOVE

List the names of anyone else authorized to pick up the child. Prior written notice is required if anyone else plans to pick up the child.

Authorized Pickup

Authorized Pickup

Authorized Pickup

HEALTH & DEVELOPMENT

Information on my child's development (personal, behavior, patterns, habits, individual needs, etc.) ☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program: ☐ N/A

Child has a chronic health care condition: ☐ Yes ☐ No *If yes, complete Health Care Plan DCY 01236.*

A Health Care Plan is required if your child's condition or diagnosis requires the program to do any of the following (check all that apply):

- | | |
|--|---|
| ☐ Observe or monitor symptoms | ☐ Administer medication |
| ☐ Serve medical foods | ☐ Avoid specific foods, food groups, or cow's milk |

My child will receive specialized/individual services at the program: ☐ Yes ☐ No

Name of service provider(s) and frequency ☐ N/A

EMERGENCY TRANSPORTATION AUTHORIZATION

- ☐ The program **has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The service will determine the facility used.
- ☐ The program **does not have permission**. I wish for the following action to be taken:

MEDIA CONSENT

Mini University, Inc. may photograph, film, and/or videotape children during program activities for use in classroom displays, newsletters, printed materials, and the program website/social media. This consent may be withdrawn at any time by written notice to the program; withdrawal will not affect material already published.

- ☐ **I give permission** for images/video of my child to be used as described above.
- ☐ **I do not give permission** — no photographs or video of my child may be used or published in any form.

If permission is given above, I hold Mini University, Inc. and the checked sponsoring organization(s) free, harmless, and blameless from liability resulting from the photographs, filming, and/or videotaping.

**Sponsoring organization
(check all that apply):**

☐ Miami University

☐ Omega
CDC

☐ Sinclair Community
College

☐ Wright State
University

Parent/Guardian Signature

Date

SMS TEXT MESSAGE NOTIFICATIONS

Mini University may send automated SMS text messages to the mobile number below regarding your child's attendance, including weekly attendance threshold alerts related to OHECC funding compliance. Message frequency varies (typically no more than once/week); message and data rates may apply. Reply STOP to opt out at any time, or HELP / (877) 429-9400 for help. Consent is not required as a condition of enrollment. See miniuniversity.net/privacy-policy and [/terms-and-conditions](http://miniuniversity.net/terms-and-conditions).

- ☐ **I agree to receive automated SMS text messages from Mini University at the number below.**

Mobile Number

Parent/Guardian Signature

Date

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (family handbook).

Parent Signature

Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature

Date

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
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