

Champion's Choice for Early Learning

208 Central Ave., Eureka
P.O. Box 114, Fortine, MT 59918, 882-4196

Student Enrollment/Emergency Care Release & Photo Consent Form

A student registration form, must be completed and signed by the legal parent/guardian before a child can be left in the care of Champion's Choice without a parent or guardian present.

Our main job is to keep your child safe whether he/she is with us for one hour or enrolled full time, therefore we must have enough information about you and your child to seek help if needed and to meet your child's needs while in our care.

Champion's Choice is a non-profit Christian Preschool/Child Care facility. But, you or your child do not have to be a Christian or believe in God to attend. However, by enrolling your child you agree to support Champion's Choice policies, guidelines, and rules, and hereby invest authority in the school to present Biblical values in accordance with the policies outlined in our handbook in the daily schedule and curriculum. A copy of our Handbook can be viewed on our website at www.championschoice.org or you can request a hardcopy.

We admit students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national and ethnic origin in administration of our educational policies, admissions policies, scholarships or other school-administered programs.

General Information:

Parent/Guardian 1: _____ (Relationship: _____)

Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ email address: _____

Parent/Guardian 2: _____ (Relationship: _____)

Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ email address: _____

Name of Child: _____ Age: _____ Date of Birth: _____
Last First

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Last First

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Last First

Emergency Contact Persons:

List two people, (other than the legal guardians) that do not live in the same household to be contacted in an emergency.

Name: _____ (Relationship: _____) Phone: _____

Name: _____ (Relationship: _____) Phone: _____

Name of individuals that you DO NOT WANT and is NOT authorized to pick up your child, and any other potential problems concerning this: _____

Any other special instructions or comments: _____

Signature of Legal Guardian

Date

Emergency Care Release:

To keep your child safe, we must have authorization to seek help if needed.

Please list any and all medical data which may assist in the guidance of your child in an emergency or minor crisis:

(Example – allergies, medication reaction, past surgeries, health problems, including any reason why your child should not participate in any physical activities, or any accommodations required for your child) If you have more than one child enrolling, indicate which child this applies to.

List your preferred physician or medical care source, such as, North Country Medical and/or Prompt Care.

Is your child current on his/her immunizations? If your child is not immunized we want to notify you should an outbreak occur that would put your child at risk of a contagious disease. If you have more than one child, indicate which child this applies to.

Child's Name: _____ Yes No.

Child's Name: _____ Yes No.

Child's Name: _____ Yes No.

By signing below you are granting CCEL permission to administer first aid and/or obtain needed medical attention for the child or children named above in the event emergency contacts cannot be reached.

Signature of Legal Guardian

Date

Photo Consent:

From time to time CCEL will take photos for our bulletin board and promotional posters or to put on our web page. Please sign below giving us permission to take your child's photo and indicate in which situations you authorize photos of your child to be used for promotional purposes. When using photos of children they will not be identified by name.

In consideration of Champion's Choice for Early Learning, I permit my child to participate in the taking of photographs that may take place during the school year on any given day. I hereby for myself, administrators, and assignees waive and release any and all rights and claims of any nature I may have against Champion's Choice for Early Learning, its employees, volunteers, or Board members and any organization connected with the use of these photos to be displayed:

- No, I do not want any photos taken of my child
- Yes**, at the school on bulletin boards
 - Not at the school on bulletin boards
- Yes**, for promotional purposes in pamphlets, on flyers, or in the newspaper, that may be distributed in the community, or other nearby communities, including Flathead County and Lincoln County.
 - Not, for promotional purposes in pamphlets, on flyers, or in the newspaper, that may be distributed in the community, or other nearby communities, including Flathead County and Lincoln County.
- Yes**, for promotional purposes on the Champion's Choice Web site and Facebook page.
 - Not, for promotional purposes on the Champion's Choice Web site and Facebook page.

Any special comments about photographs of your child or children:

By signing below you are authorizing CCEL to take photographs of your child or children as indicated above.

Signature of Legal Guardian *Date*