

Noel United Methodist Children's Center

Date of Admission: _____

Child's Name: _____ Sex: _____ Date of Birth: _____
Last Name First Name MI

Mother's Name: _____

Last Name First Name MI

Address _____

City State Zip

Home Phone Cell Phone

Employer _____

Work Phone Number Voice Mail

Social Security Number _____

Driver's License Number _____

Father's Name: _____

Last Name First Name MI

Address _____

City State Zip

Home Phone Cell Phone

Employer _____

Work Phone Number Voice Mail

Social Security Number _____

Driver's License Number _____

Person with whom child lives _____

Address City State Zip

Emergency Contact Relationship Home Phone Work Phone

Doctor Phone

Preferred Hospital _____

Known Allergies/Dietary Restrictions _____

Favorite Foods _____

Problems Playing with Others _____

Dentist Phone

Insurance _____

Chronic Illness(es) _____

Potty Training Status _____

Other Comments/Concerns _____

I authorize Noel Memorial United Methodist Children's Center to care for my child during the time he/she is in the facility or participating in a facility sponsored field trip and to administer and/or obtain emergency medical treatment for my child.

Parent's Signature _____ Date _____

I have received and reviewed a written description of Noel Memorial United Methodist Children's Center program and policies.

Parent's Signature _____ Date _____

I authorize Noel Memorial United Methodist Children's Center to allow my child to hold his/her bottle in his/her crib.

Parent's Signature _____ Date _____

My child has permission to be released to the following individuals:
(Please notify the following that they WILL be required to provide proof of identity).

Name	Relationship	Identification Type	Identification Number
1.			
2.			
3.			
4.			
5.			
6.			

Parent's Signature _____

Date _____

I hereby agree to pay the weekly tuition amount of \$ _____ per week, in advance of the rendering of any services.

Parent's Signature _____

Date _____

IMPORTANT NOTE: Fill in the lines on both side of the Master Record with the requested information or write N/A (not applicable). For the protection of you and your child, do not leave any lines blank. Thank you.

CONFIDENTIALITY AND SECURITY OF FILES

The children's files will be kept in an appropriate container or filing cabinet at the front desk or in the Director's office. They shall be locked in the Director's office whenever any group other than the Children's Center Day Care program uses the facility.

The Director shall be responsible for maintaining the records. Records are the property of the Center and copies may be given to the parents. The exception to this regulation would be release to authorized state and federal agencies.

Employees shall respect the confidentiality of all children's records. Employees shall not disclose or knowingly permit the disclosure of any information concerning the child or his/her family directly, or indirectly, to any unauthorized person.

Records shall be retained for at least thirteen months following the child's leaving Noel Methodist Children's Center. Thereafter a record of parent's name, child's name, and the date of birth, dates attended with account status will be after other records have been destroyed.

FOR DIRECT PAYMENT OF TUITION
To Noel Methodist Children's Center

I authorize Noel Methodist Children's Center and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

Bank Routing Number _____

Account Number _____ Checking _____ Savings _____

Amount \$ _____ Date of payment _____

Name (please print) _____

Signature _____

Place voided check here

Noel Methodist Children's Center

520 Herndon Street
Shreveport, LA 71101
318-222-7732

Authorization for Medical Treatment

As the natural parent or legal guardian of _____, whose date of birth is _____, I hereby authorize the Director or designated employee of Noel Methodist Children's Center to seek and approve emergency medical treatment of my child in my absence.

Signature of Parent/Legal Guardian

Date

Authorization for the Application of Topical Products

Child's Name _____

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

- | Yes | No | |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | sunscreen |
| <input type="checkbox"/> | <input type="checkbox"/> | insect repellent |
| <input type="checkbox"/> | <input type="checkbox"/> | diaper rash ointment |
| <input type="checkbox"/> | <input type="checkbox"/> | other _____ |
| | | (name) |

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date

Non-Vehicular Excursion Authorization

My child, _____, has permission to participate in the following off-site activity when the children are walking and accompanied by staff of the center:

Type of activity _____

Location _____

This authorization will be valid every Tuesday for the duration of the summer of 2009.

Parent's Signature

Date

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Parental Awareness of Recordings

I am aware that _____ utilizes recordings
(Name of Center)
and/or taping of my child such as digital recordings, videotaping, audio
recordings, web cam while in the center for observation/security purposes.

Parent's Signature

Date



Login at:

www.childrenviewcam.com

ChildrenView has implemented maximum level security measures to prevent unauthorized access to the ChildrenView.com system. As parents and guardians you have the responsibility of protecting your username and password. Remember, your username and password provide unique identifiers that enable our system to identify authorized users. Therefore, your login information is the first line of defense against unauthorized access. As concerned parents and users of the ChildrenView.com system, it is your responsibility to maintain exclusive control and use of your username and password and protect it from inadvertent disclosure to others.

Username should be between 5 and 10 characters long, all letters should be lowercase. Although your username may contain any combination of letters and numbers, do not include spaces or special characters in your username.

Password should be between 6 and 12 characters long, all letters should be lowercase. Although your password may contain any combination of letters and numbers, do not include spaces or special characters in your password.

By signing this document, I acknowledge that I have read the above information, and understand that cameras have been installed at this center. These cameras will be used for the purpose of **streaming enrolled children over the Internet** for parents and other authorized users to access. I will not share my password with anyone other than spouses, grandparents and/or legal guardians.

Once you have read and understand the guidelines/responsibilities, please sign and return the completed form to your Childcare Center.

I am requesting the following username and password be granted access to the ChildrenView.com system.

Username: _____

Password: _____

Enrolled Children Printed Name(s): _____

Parent Printed Name: _____

Parent Signature: _____

Date added: _____

PLEASE PRINT CLEARLY

ChildrenView

Online Viewing Instructions

Computer Viewing:

Go to www.childrenviewcam.com.

Enter your username and password.

Click on a camera group,

Click on a camera.

iPhone, iPad, Android Viewing:

Install the app named "immix mobile".

When you open the app it should prompt you for "server details".

Enter: www.childrenviewcam.com

You should then be prompted for your username & password.

Enter: *the username & password you signed up for at the center.*

Once you sign in click on a camera name.

(you may have to click "live feeds" first.)

To enlarge the small video click the little symbol in the bottom right hand corner of the small video.

Need more help?

866-343-3656

support@childrenview.com

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Permission to Release Photograph

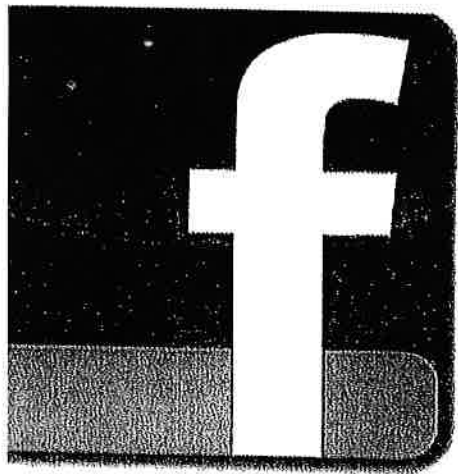
I give permission for _____ to release a
(Name of Center)

photograph/recording of my child _____ to
(circle one) (child's name)

_____ on _____
(Source) (Date)

Parent's Signature

Date



Follow us on Facebook!

Noel United Methodist Children's Center

- Get information on upcoming events
 - Find out about what we're learning
 - Keep track of important dates
 - Learn how you can help your child's teacher
 - See photos of student learning and events
-

Yes, I give permission for my child's picture to be on Facebook.

Child's Name _____

Parent Signature _____

No, I do not give permission for my child's picture to be on Facebook.

Child's Name _____

Parent's Signature _____