



Gabriel's Child Development Academy
 5905 Flournoy Lucas Rd.
 Shreveport, LA 71129

Child Information Form

Admit Date: _____

Child's Name			
	Last Name	First Name	MI

Name you wish your child to be called

Gender: Male/ Female	Date of Birth:
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Parent's Information

Mother's Name:	Father's Name:
Address:	Address:
City/State/LA:	City/State/LA:
Phone:	Phone:
Place of Employment:	Place of Employment:
Work Phone:	Work Phone:
Email:	Email:

Person(s) with whom child lives:

Address where child lives (if different from above):

Responsible party (Payer):		
DL #:	SSN:	DOB:
Work Phone:	Home/Cell Phone:	
Address:		

Emergency Contact

Child's Doctor:	Doctor's Phone:
Child's Dentist:	Dentist's Phone:

Individuals to contact in case of an emergency:

Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:



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Allergies (Please check/list all that apply to your child)

Environmental Allergies:

Ants	Bees	Cats	Dogs	Dust	Flowers	Grass	Mold/Mildew	Mosquitoes	Pollen	Trees	Wasps	Weeds
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Other:

Food Allergies:

Beef	Citrus/Citric Acid	Eggs	Fish	Food Dyes	Gluten	Milk/Milk Products	Peanuts	Pork	Protein	Shellfish	
Soy/Soybeans	Strawberries	Tree Nuts	Wheat	Other:							

Medicine Allergies: Amoxicillin

Penicillin

Sulfur Drugs

Other:

Special Medical/ Behavioral Conditions:

Asperger Syndrome

ADD

ADHD

Asthma

Autism

Caffeine Restriction

Cystic Fibrosis

Diabetes

Eczema

Headaches

Hearing Loss/Problems

M
D

Migraines

MS

Protein Deficiency

Seizures

Speech Delay

Sturge Weber Syndrome

Sugar Restriction

Tubes in Ears

Vision Loss/Problems

Does your child have any additional health concerns or special needs? If yes, please explain.

Authorized Pick Up/Emergency Medical Treatment

I authorize Gabriel's Child Development Academy to secure emergency medical treatment for my child. I also give permission for my child to be released to the following individuals, childcare facilities, or transportation services in addition to emergency contact persons listed above.

Name	Relationship	Phone

*Authorized persons must show proof of identity.

 Parent's Signature

 Date



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Child's Name: _____

Authorization for the Application of Topical Products

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

**Parental Authorization for PG Programming
(Movies, programs, & video games)**

My child has my permission to watch "PG" programming and is 5 years old or older.

Parent's Signature Date

Parental Authorization to Exceed One Minute in Time Out

I understand that one of the behavior management tools this facility uses when a child misbehaves is time out. The facility's usual policy when placing a child in time out is not to exceed one minute per their age. Because my child is over 6 years old, I am giving permission for to Gabriel's Child Development Academy to place my child in time out for a period to not exceed 6 minutes, should his/her behavior warrant this.

Parent's Signature Date

Water Activities

GCDA occasionally arranges water activities for the center. This could include sprinklers, sand and water tables, and other water play activities. The center will notify parents in advance of any water activities that will require a change of clothes.

My child has permission to participate in water activities at GCDA.

Water activities that I do not want my child participating in

Parent's Signature Date

Computer & Electronic Devices Authorization

I authorize my child to use electronic devices including computers under the supervision of GCDA staff.

Parent's Signature Date

Photography



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I give permission for GCDA to take photos of my child during the following:

- € Center festivities
- € Social media
- € Promotions

Parent's Signature

Date

Consent to Release Information, Recordings or Photographs

I give my consent for Gabriel's Child Development Academy to release information/photograph(s)/recording(s) of my child from which my child might be identified, except to authorized state and federal agencies.

Parent's Signature

Date

Tuition/ACH

- € I authorize GCDA to perform automatic withdrawal of tuition.
- € I do not authorize GCDA to make automatic withdrawals of tuition payments. I do understand that payments are to be paid a week in advance and that failure to pay via check, money order, or debit that I will be responsible for all terms of the late fee policy.

Parent's Signature

Date

Parent Policies/ Handbook

I _____, have been informed by the Gabriel's Child Development Academy staff the following polices.

Policy	Initials
Sick children are not allowed to attend center until they have been cleared by a medical professional.	
Parent's must give prior notice to director of extended absences to place account in hold status.	
Tuition is not refunded based on days in attendance.	
Parent's are responsible for labeling child's items.	
Parent's that receive CCAP are not excluded from copay or fees.	
Parent must give a two-week written notice two week prior to disenrolling child.	

My child and I agree to adhere to the policies listed above and all other center policies. I also understand that this is a binding contract that is good for one year after intake date.

Parent's Signature

Date



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Transportation Authorization

I authorize Gabriel's Child Development Academy to transport my child, _____,
in center vehicles or contracted transportation for the following reasons.

- € Daily to and from school _____ (name of school)
- € To and from non-center sponsored activities (dance, karate, gymnastics, etc.
_____(location)_____(activity)
- € In case of an emergency to and from
 - Building evacuations- The Club at Huntington Park- 8300 Pines Rd. Shreveport, La 71129 318-673-7765.
 - Area evacuation- Hamilton/ South Caddo Library- 2100 Bert Kouns Industrial Loop Shreveport, La 318-687-6824

Parent's Signature

Date



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Child(ren) Name(s): _____

Emergency Contact Authorized Pickup/Emergency Medical Treatment

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*Authorized persons must show proof of identity. *

Individuals to contact in case of an emergency:

Name:	Relation:	Phone:
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Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:

 Parent's signature

 Date