

Our Time Enrollment Form

Leave No Unanswered Questions or Blank Pages. Write N/A if not applicable.

Name of Child : _____ Nickname: _____ Male Female

Date of Birth: _____ Child's Primary Language (including ASL): _____

Preferred Pronouns: _____

Name of Parent or Guardian #1: _____

Cell Phone # for Parent or Guardian #1: _____ May we text this number? No Yes

Name of Parent or Guardian #2: _____

Cell Phone # for Parent or Guardian #2: _____ May we text this number? No Yes

Home Address: _____ Zip Code: _____

Please note all communication will be done via email. Email: _____

Emergency Contact/Name and Phone #: _____

List anyone child is allowed to be picked up by: _____

How did you hear about our program? _____

Does this child have a sibling with special needs? _____

Is the child receiving services through TRE? No Yes If yes, what services are you receiving? _____

Are All Immunizations up to Date? No Yes (If no, which are out-of date?) _____

Name of Child's Primary Care Physician: _____ Phone: _____

List any allergies: _____

Does your child have any dietary restrictions? _____

Please list any other medical conditions we should be aware of? _____

How do you handle your child's behavioral issues?

How does your child respond to your intervention? _____

Please list at least 5 things your child likes/enjoys doing:

CONSENT TO RELEASE INFORMATION/PHOTOS, VIDEOS, STATEMENTS.

Please list ALL children that will be attending.

PLEASE FILL OUT EACH SECTION BELOW

Children's Names:	Birth Dates:	
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I hereby authorize: **The Resource Exchange** To release information to: **The Resource Exchange**

1. **Authorization:** Initial ONE OF THE FOLLOWING CHOICES BELOW:

- A. _____ I authorize The Resource Exchange to photograph
- B. _____ I do not authorize **The Resource Exchange** to photograph (name) _____ or use likeness to promote The Resource Exchange.

2. **Information Request:** Initial ALL THAT APPLY or mark "N/A" if not applicable to this consent.

The following information is requested:

	Photos, Videos, Statements, printed material. These may be used with or without my name and for any lawful purpose for TRE Marketing and promotions both internally with staff and externally with the community via TRE's website and social media.
	_____ (please initial) I understand that photos, videos, statements and printed materials released between the effective date of this authorization and the date of revocation may still be used in the public domain.
	Other: (please specify)

3. **Identification Authorization:** Initial your preference.

	TRE may use my full name on marketing and promotions materials.
	TRE may only use my first name on marketing and promotions materials.
	I wish to remain anonymous.

4. **Information Usage:** The above information may be utilized for: (please specify):

5. **Consent Term:** This consent will remain in effect until (not to exceed one year: _____) (Date of Expiration)

5. **Signatures:** I/We do understand that I may revoke this authorization at any time, provided that I/we do so in writing to The Resource Exchange.

_____ Date

_____ Signature of Parent/Guardian