

The Shooting Stars Program - Child's Record

Admission Date: _____ Todays Date: _____

Name of Child: _____ Birth Date: _____

Address: _____ Home Phone: _____

Parent/Guardian #1 Name: _____ Cell Phone: _____

Address (if different from child): _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Parent/Guardian #2 Name: _____ Cell Phone: _____

Address (if different from child): _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Name, Address & Telephone of Next of Kin other than Parents: _____

Name, Address, and Telephone number of a person other than the parent to be contacted in case the parent cannot be reached in an emergency including cell phone number (this person should live in the same town or close by):

Names of persons who are to be permitted to remove the child from the center: _____

Name, Address and Telephone Number of Family Physician: _____

Name, Address and Telephone Number of Family Dentist: _____

Name of Child's Health Insurance: _____

Policy Number: _____

Northeast Hearing and Speech located in Portland, offers free hearing screenings for preschool age children. Screenings would happen at Shooting Stars. Please indicate your preference below.

Yes I give NEHS permission to do a hearing screening for my child No I do not give permission.

I give permission for my child to be photographed and/or videotaped at The Shooting Stars Program for purposes of classroom displays, art projects, website and as a tool for communication with parents through the internet such as Facebook. No names will be used.

Yes permission to photograph is granted No permission to photograph is not granted

Parent Signature

Date

My e-mail address is _____

