



Playgroup Registration

UCP Huntsville and Tennessee Valley, Inc.

Today's Date

Child Information

Last Name

First Name

M.I.

Birth Date

Ethnicity(optional)

Gender

Primary Phone Number

Primary E-Mail Address

May we use your e-mail address as the primary way to contact you regarding tuition payment deadlines, schedule changes, or other information related to UCP's Playgroups?

Yes

No

Mother's Name

Phone Number

Father's Name

Phone Number

Who does your child live with(parents, mother, father, guardian, etc.)?

Emergency Contact Information

Name

Phone Number

Relationship to Child

Has this person agreed to be listed as an emergency contact?

Yes

No

Authorized to Pick-Up Child

The following people are authorized to pick up my child from Playgroup

Name Relationship to Child

Name Relationship to Child

Physician and Medical Information

Primary Physician Name Physician Phone Number

Preferred Hospital Insurance/Health Coverage (Company)

Please list any conditions, illnesses, or complications during your pregnancy, labor, or delivery:

Gestational age	Birth weight	NICU Stay?	How long in NICU?
		Yes	
		No	

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns(attach additional documentation if desired).

Medical Needs

- Seizures
- Feeding Tube
- Diabetic
- EPI Pen
- Other

Allergies

- Latex
- Peanuts
- Insects
- Animals
- Sensitive skin
- Other

Nature of Delay or Disability

- ADD/ADHD
- Spina Bifida
- Autism Spectrum Disorder
- Cerebral Palsy
- Speech Delay
- Motor Delay
- Developmental Delay
- Other

I hereby give permission for provision of emergency medical treatment of my child named above as follows:

1. Staff members of UCP Huntsville may arrange for transporting my child to the emergency room by calling 911 and following emergency procedures as outlined by 911 personnel.
2. Records pertinent to emergency treatment may be released to hospital personnel.
3. Physicians and hospital personnel have permission to provide emergency medical treatment to the above-named child.

Parent/Guardian Signature:

Date

Current Skills

Communication

My child makes wants and needs known by:

- | | |
|----------------------------|--------------------------|
| Pointing/Gesturing/Pulling | Picture cards |
| Signs | AAC/Communication Device |
| Speaking | Other |

Motor Skills

Is your child able to:

Hold up his or her head Sit with support
Sit independently

How does your child move around?

Scotting Walking with support
Crawling Walking independently

Does your child use any special equipment for mobility?

Orthotics/braces/inserts Gait Trainer
Wheelchair Stander
Other Posterior Walker

Does your child use a switch or any adaptive equipment for fine motor skills?

Yes No

Vision

Does your child have any difficulty with vision? Yes
 No

Has your child have a vision evaluation? Name of vision specialist (if applicable)
Yes No

Does your child wear glasses? Yes
 No

Hearing

Does your child have any difficulties with hearing?
Yes No

Has your child had a hearing evaluation? Name of ENT, Audiology Clinic, or location of hearing test
Yes No

Feeding

How does your child eat?

Needs full assistance

Needs some help

Fully independent

Uses spoon or fork

Finger feeds

Drinks from open cup

Sips from straw

Only soft foods

Thickened liquids

No food by mouth

Does your child have any of the following dietary restrictions?

Low sugar (diabetic)

Dairy free

Gluten free

No red food dye

Peanut allergy

Other

Toileting

Does your child:

Need full assistance (diapers)

Need some assistance

Will use toilet with reminders

Will use toilet, needs assistance with dressing

Fully toilet trained

Social Skills

Does your child have difficulty with:

Being near other children

Interacting with other children

Separating from parent

Transitions between activities

Loud sounds

Behavior

What causes your child to become upset?

What comforts and calms your child?

Does your child currently, or have they in the past received OT, PT, or Speech Therapy?

Yes

No

Please list location and approximate dates of current or previous therapy:

Please list any other vital information you think we may need to know about your child. Thank you.

I hereby give permission for UCP Staff and volunteers to work with my child during UCP's Playgroup. I have received and have read UCP's Playgroup policies. I understand that a Classroom Specialist, teacher, PT, OT, and/or or SLP may lead the groups, but no direct therapy is being provided to my child. I have completed this form accurately to the best of my ability.

Parent/Guardian Signature

Date

I understand that students enrolled in UAH Education or related fields of study may observe classroom activities as part of their curriculum requirements. Any student that enters the classroom will be required to sign UCP's Confidentiality Agreement protecting against the release of any information about my child.

Parent/Guardian Signature

Date

RELEASE FORM



Authorization to Release Protected Health Information by United Cerebral Palsy of Huntsville and Tennessee Valley, Inc. (UCP)

Client (Child) Name: _____

Parent/Legal Guardian Name: _____

Relationship to Client: _____

2075 Max Luther Drive
Huntsville, AL 35810
CENTER: 256-852-5600
ADMIN: 256-859-4900
FAX: 256-852-6722
www.ucphuntsville.org

I hereby authorize UCP to use and disclose the following protected health information:

Photographs of client and/or family

Client's name

Client's diagnosis

Types and frequency of treatment received at UCP

Videotape of client and/or family

Client's age

Shared personal story

The above information may be used for the following events from the date of signature at the bottom of this release until the expiration date at the bottom of this release:

Print media, including regional newspapers

Electronic media, including radio, TV and internet websites

Special events and promotion thereof

Community fundraising events for UCP and promotion thereof

Irish Evening and promotion thereof

UCP web page

Information fairs / displays in the UCP Center and off-site

UCP family newsletter

Proposals and thank you items for corporate sponsors / donors

Seasonal parties

Tour groups

UCP of Huntsville and Tennessee Valley has my permission to use my or my child's photograph, likeness, artwork, profile and/or story in all forms of media and all manners, including publications, web pages, and other promotional materials. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

I understand that I can revoke this authorization in writing at any time. I further understand that UCP cannot deny treatment or services if I refuse to sign this authorization. I understand that, once this information is released, UCP is not responsible for information released by others.

Signature of Parent/Legal Guardian: _____

My E-Mail Address: _____

Date of Signature: _____

Expiration Date: _____



Photo and Video Release Form

for _____
Student's Name

As the parent/guardian of a child at the UAH Early Learning Center, I agree to the following:

- I understand that my child whose name is listed above may be photographed or videoed at the UAH ELC.
- I understand that these photographs or videos may be used in school newsletters or mounted on the UAH ELC website, Facebook, Homeroom App, or any other publication.
- I understand that I have the right to request, in writing, to have a photos or videos removed from the website or Facebook within 30 workdays.
- I give permission for my child's photographs or videos (please check those you allow):

_____ To be mounted or displayed within the classroom

_____ To be mounted or displayed within the school

_____ To be published on the UAH ELC or UAH websites

_____ To be published on the UAH ELC Facebook page

_____ To be published in the classroom or UAH ELC Newsletters

_____ To be published in marketing and advertising materials including but not limited to printed publications, newspaper and magazine printed ads, and commercials

_____ To be published in the private classroom accounts in the Homeroom App
<https://gethomeroom.com>

() Yes, I confirm that I have read and understood the above, and agree to the terms for photo and video release of my child's image. I further release the UAH Early Learning Center from any and all claims for damages libel, slander, invasion of the right of privacy, or another claims based on, arising out of, or connected with the use of such photographs and/or videos.

() No, I do not wish to have my child's photographs or videos published.

Printed Name: _____

Signature: _____

Date: _____

PHOTO AND VIDEO RELEASE FOR THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

I hereby grant **The University of Alabama in Huntsville** and **Mike Mercier, photographer**, and **David Goodman, videographer**, the absolute and irrevocable right and unrestricted permission to use the photographic and video images of me or in which I may be included with others, to copyright the same, and to use, reuse, publish and republish the same in whole or in part, individually or in conjunction with other photographs and videos and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purposes whatsoever for illustrations, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration, and to use my name in connection therewith if the photographer and/or videographer and the University so chooses.

I hereby release and discharge the photographer and/or videographer and the University and its Board of Trustees and officers from any and all claims and demands arising out of or in connection with the use of the photographs and/or video, including without limitation any and all claims for libel or invasion of privacy.

This authorization and Release shall also inure to the benefit of the heirs, legal representatives, licensees and assigns of the photographer and/or videographer as well as the person(s) for whom he took the photographs and / or videos.

I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or unknown, and I waive any right to royalties to other compensation arising from or related to the use of the image or product.

I certify that I am at least 19 years of age (or if under 19 years of age, that I am joined in agreeing to this Release by my parent or legal guardian) and that this Release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

Date

Printed name of model

Signature of model, regardless of age

Address

Phone #

Parent or legal guardian's signature if model is less than 19 years of age