



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 |

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	Videotape of client and/or family
Client's name	Client's age
Client's diagnosis	Shared personal story
Types and frequency of treatment received at UCP	

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: _____