

Does your Child have any Medical Problems: Yes _____ No _____ If yes please Explain: _____
¿Tu hijo tiene algún problema médico? Explique _____
Does your child take any Special Medication? Yes _____ No _____ If yes, explain _____
¿Toma algún medicamento?: Si _____ No _____ ¿Qué clase? _____
Allergies/ Alergias: _____

Emergency Medical Information/ Información Medica Emergencia:

Medical Insurance?/ Seguro Médico? _____

Yes/Si: Name of Medical Insurance Company/ Nombre de la compañía del seguro
médico: _____

Phone/ Teléfono: _____ Policy/ Poliza: _____

Physician/ Nombre del Médico: _____

No: My child, _____, has no medical insurance and I agree to be directly billed for any
and all medical expenses incurred while participating in the CLI programs, including those out of CLI
facilities.

Mi hijo/hija _____ no tiene seguro medico y yo acuerdo directamente a ser enviadas
cuentas de cualquier y todos los gastos medicos que incurra al momento de participar en programas del
CLI incluyendo aquellos fuera de las instalaciones de CLI.

Parent Signature/ Firma del Padre: _____ Date/ _____

Media Release/ Concetimiento de exoneración:

I agree to let Community Lodgings use the name, likeness, or voice of my child in videotape, motion
picture, audio recording, or photographs, alone or with others. Such production can be distributed by
Community Lodgings Inc. and any approved appointee. Yo acuerdo y dejo al Community Lodgings Inc.
usar el nombre, retrato, o voz de mi hijo/pupilo en videotape, foto en movimiento, audiograbación, o
producción de fotografía inmóvil distribuida por cualquier nombrado por Community Lodgings Inc.

Sig. _____

Transportation Liability Form / Forma de descargo en incidentes de transportación:

I, _____, will not hold Community Lodgings nor any employee or volunteer of
Community Lodgings responsible in the event of an accident regarding my child, _____.

Yo, _____, no haré responsable a Community Lodgings ni a ninguno de sus empleados
o voluntaries, en caso de un eventual incidente/ accidente automovilístico en el que mi hijo/ hija,
_____, pudiera ser perjudicado.

Sig. _____

I give permission to the person(s) listed below to pick up my child (ren) from the Family Learning Center
They can walk home alone. initial _____

Name: _____ Name: _____

Address: _____ Address: _____

Tel #: _____ Tel #: _____

Cell # _____ Cell #: _____

Relationship: _____ Relationship: _____

Attendance and Participation/ Asistencia y participacion

Attending and Participation are hey elements to program success, however there may be a reason as to
why your child is absent and not participating.. Please notify us of any expected absenteeism or reason
for no participating.

I _____, would like CLI to give me a call if my child is absent/not participating from/ in
the program.

I _____, don't want a call from CLI if my child is absent. He/she can come and go as
he/she wish.

If a child is regularly absent or doesn't participate in the program CLI reserves the right to send your child
home for the day or remove your child from the program.

Parent Signature/ Firma de el Padre _____ Date _____