



2001 Frenchman Street, New Orleans, LA 70116 • p: 504.945.1806 • f: 504.945.1807

Open Minds Open Hearts Daycare
2025-2026 Parent-Student Handbook Acknowledgment Form

We have read and understand the Open Minds Open Hearts Daycare Handbook and agree to abide by all school policies, rules, and regulations.

Student's Name Print:

Father's/Guardian's First & Last Name

Print: _____

Father's/Guardian's

Signature: _____

Father's/Guardian's Name Date:

Mother's/Guardian's First & Last Name

Print: _____

Mother's/Guardian's

Signature: _____

Mother's/Guardian's Name Date:

This acknowledgment must be completed by the student and BOTH parents/guardian. If only one parent signs, a full explanation should be given directly below.

EXPLANATION: _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

CHILD INTRODUCTION FORM

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating _____

Sleeping _____

Toileting _____

Daily Activities _____

Fears _____

Likes _____

Dislikes _____

Habits _____

Favorites _____

Tell me a little about where your child is developmentally

What other information should I know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. I am better able to help your child when you inform me of situations and/or events that might influence his/her overall behavior such as:

- ☐ Divorce.
- ☐ Separation from a relative or friend.
- ☐ Death of a relative or friend.

Knowing about these transitional times allows me to give special attention, understanding, and care. The information you give me will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?

Parent/Guardian Information

Registration Date: ____ / ____ / ____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice ____ 2nd Choice ____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice ____ 2nd Choice ____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____



Field Trip Permission Slip

I _____ give permission for Open Minds Open Hearts Daycare
(name of parent) (name of center)

to take my child _____ on field trips.
(name of child)

This form will be placed in my child's file and I understand that I also need to sign a weekly field trip form that will be posted. My child needs to have consistent **appropriate behavior** to participate on field trips. If my child has consistent **inappropriate behavior** he/she may not be allowed to participate in field trips, as it may jeopardize the safety of the other children. Field trips are an earned privilege, it may be necessary to take away privileges as consequences of a child's actions. I understand I may need to make other arrangements for my child that day.

Parent signature _____ Date _____

Parents will be notified 1 week in advance as to the nature and cost, if any, of the field trip.

Field trips **may** include the following:

Local Libraries, Local Parks, McDonald's, Grocery Store, Movie Theatres
Pizza Hut, Local Bowling Center, Local Zoo, Science Museum, Local Fire Department, Local Police Station, Skating Rink, Etc.....

CUSTODY ALERT

This section is to be completed if one or both natural parents do not have equal custody of the student. (Copy of custody papers must be given to the school.)

The legal custodian, parent or court-appointed guardian for _____ is _____.

The following people MAY NOT have legal access to the child or the child's records without written permission from the custodial person:

Name	Relationship to Student	Address	Phone Number

_____ Check here if there are NO custody problems concerning your child and sign below. The school must be notified if any changes occur to the information on the form.

Parent/ Guardian Name: _____ Parent/ Guardian Signature: _____ Date: _____



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Authorization & Consent for Medical Treatment

In case of an accident involving injury or suspected injury, or in the case of illness I hereby authorize a member of the staff to transport my child to the nearest available emergency room and/or authorize treatment for my child. I hereby make, constitute, and appoint OMOH, and its staff, full power to consent to any x-ray, examination, and anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to my child on the advice of any physician or surgeon licensed to practice in the jurisdiction in which our child is located.

I understand that, if emergency medical or dental treatment is required and the listed emergency contacts cannot be reached, 911 will be called at my expense. I agree that the school cannot assume responsibility for the payment of medical fees for expenses incurred.

I understand that it is my responsibility to promptly inform the school of any changes regarding the information on this form.

In signing this document, I attest to the fact that these are my wishes. I understand that it is my responsibility to promptly inform the school of any changes regarding the information on this form.

Child First & Last Name Print: _____

Child Date of Birth: _____

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Date: _____



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Open Minds Open Hearts Daycare Preschool Media Release Form

Open Minds Open Hearts Daycare has a proud tradition of celebrating student accomplishments by sharing them with our community. For us to do so, we periodically submit press releases which include students' names and photographs to the local media or post such information on our district website, district sponsored publications, teacher/administrator web pages or displays at school functions. Our intent is to be informative and recognize our students' achievements. We understand, however, concerns may arise in regards to a student's right to privacy. In signing this form, you are indicating that you are agreeing to grant the school to publish, copyright, or use all films, photographs, computer-generated imagery, and printed and spoken words in which your son/daughter is included, whether taken by staff, students, or others. You further agree that the school can use these photographs, films, displays, and publications, without reservation or compensation, for the school year. Agreeing to media coverage does not imply that your child will be videotaped, photographed or interviewed; it simply indicates that your child has permission to participate in the event if there is media coverage. Please note that this release is for information where a request or permission was given by Open Minds Open Hearts Daycare (OMOH).

This release will remain in effect for the duration of your child's enrollment in Open Minds Open Hearts Daycare. **AUTHORIZATION:** I, as the parent or guardian hereby give Open Minds Open Hearts Daycare and its employees, representatives, and authorized media organizations permission to print, photograph, work, and/or audio/video/digital reproduction for publication to the general public concerning school functions and activities. If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained. I am also fully aware that I will not receive monetary compensation for my child's participation. I further release and relieve Open Minds Open Hearts Daycare, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please print

Name of Child _____

Child Date of Birth: _____

Parent/Guardian First & Last Name: _____

Signature of parent or guardian: _____

Date: _____

I wish to "opt out" of the following for my child: (please list "ALL Media" or specific media you do not grant: _____)