2020 – 2021 Fall Registration Checklist

Use the following checklist of required paperwork and fees to prepare for registration.

CHECKLIST		
☐	Complete required forms	Administration of Medication Authorization Form Medical Emergency Form Authorization for Exchange of Information Form Authorization and Media Release Form
☐	Submit Activity Fee payment	$200 (full-time students) / $100 (part-time students) Make checks payable to “CLU”
☐	Submit School Supply Fee payment	The 2020-2021 school year supply fee is $100 per student. Make checks payable to “CLU”
	Review your student’s Emergency Kit	This activity will be done at a later date during the school year.

Drop off (i.e., place in mail slot) or mail all completed paperwork and required fees to:

The Center for Learning Unlimited

c/o Jennifer Mize

2785 Pacific Coast Highway, Suite G

Torrance, CA 90505

All paperwork and fees must be received by Monday, August 17th.

Please contact Jennifer Mize with any questions. Thank you for your help in ensuring a seamless start to our new school year!

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Administration of Medication Authorization Form

TO BE COMPLETED IN FULL BY PHYSICIAN AND PARENT BEFORE ANY MEDICATION (OTC or PRESCRIBED) CAN BE ADMINISTRERED AT SCHOOL.

Prescription Medication

To be completed by Physician. Please complete and sign this form if medication prescribed for a school age child must be given during school hours. It is a request and a guide to authorize school personnel to administer medications. ***Please list any additional medications including prescription and /or over the counter products to be administered during school hours. Include those required for allergic reactions or other special circumstances.***

Student's Prescriptive Medication

Student Full Name

Current Medication | Reason

Strength | Dose | Frequency

Current Medication | Reason

Strength | Dose | Frequency

Current Medication | Reason

Strength | Dose | Frequency

Physician Name (Print) | Physician Phone

Physician Signature | Date

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Administration of Medication Authorization Form (Cont'd)

Over-the-Counter (OTC) Medication

To be completed by Parent/Guardian. If you wish the school staff to assist your child in taking over the counter products, please complete this form and return. If unsure of dosage and frequency, please note, "as directed on box."

Tylenol	Strength_____	Dose_____	Frequency_____
Ibuprofen	Strength_____	Dose_____	Frequency_____
Cough Suppressant	Strength_____	Dose_____	Frequency_____
Sudafed	Strength_____	Dose_____	Frequency_____
Benadryl	Strength_____	Dose_____	Frequency_____
Claritin	Strength_____	Dose_____	Frequency_____

☐ I give permission to The Center for Learning Unlimited to dispense the listed over-the-counter medication or any prescribed medication as directed above and in accordance with school policy. I understand that an administration or designees will administer medication.

☐ I DO NOT give The Center for Learning Unlimited permission to dispense medication to my child.

Parent/Guardian Signature _____ Date _____

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Contact Information and Medical Emergency Form

Contact and Medical Information

☐ M ☐ F

_____ Child's Name	_____ Date of Birth
_____ Parent's/Guardian's Name	_____ Parent's/Guardian's Name
_____ Home Phone _____ Work Phone	_____ Home Phone _____ Work Phone
_____ Address	_____ Address
_____ City, ST ZIP Code	_____ City, ST ZIP Code
_____ Adult Student Email Address	_____ Adult Student Phone

Alternative Emergency Contact

_____ Full Name	_____ Relationship to Student
_____ Home Phone	_____ Cell Phone
_____ Work Phone	_____ Adult Student Phone
_____ Adult Student Email Address	

Contact Information and Medical Emergency Form (Cont'd)

Medical Information

_____

Hospital/Clinic Preference

_____ _____

Physician's Name Physician's Phone Number

_____

Allergies (Medicines. Please include medication to counter reaction)

_____

Allergies (Foods. Please include medication to counter reaction)

_____

Allergies (Insect bites and stings. Please include medication to counter reaction)

Hospitalizations/Emergencies *(Please list any hospitalizations or emergency department visits within the last 2 years.)*

Date	Reason for Hospital / Emergency Visit	Length of Stay

Contact Information and Medical Emergency Form (Cont'd)

Insurance Information (Failure to complete could result in delay in care)

Is the Student covered by a Hospitalization / Medical Care Policy? ☐ Yes ☐ No

Insurance Company Name _____ Policy Group Number _____

Name of Policy Holder _____

Address of Policy Holder _____

Does the insurance company require pre-authorization? ☐ Yes ☐ No

If yes:

Pre-Authorization Phone Number for Insurance Company _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

THE CENTER FOR LEARNING UNLIMITED
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Authorization for Exchange of Information Form

_____
Today's Date

_____ _____
Student Name DOB

I, _____, hereby authorize an exchange of information between The Center for Learning Unlimited, 2785 Pacific Coast Highway, Ste G, Torrance, CA 90505.

RELEASE FOR

☐ Psychiatrist ☐ Psychologist ☐ School

☐ Speech/OT/Tutor ☐ Medical Doctor ☐ Other

_____
Full Name

_____
Address City/State/Zip

_____ _____
Business Phone Email

☐ Assessment Results ☐ Court Report ☐ IEP Report

☐ Treatment Progress ☐ Police Report ☐ School Records

☐ Family History ☐ Drug/Alcohol Records ☐ Records Necessary for Payment

☐ Mental Health Information ☐ Phone Calls ☐ Continuity of Care

☐ Other: _____

This consent is subject to revocation by the undersigned at any time or within the time specified:
☐ Six months ☐ One (1) year from dated signature. I understand that I have the right to receive a copy of this authorization upon my request and that I may revoke this authorization at any time.

_____ _____
Parent's/Guardian's Signature Date

THE CENTER FOR LEARNING UNLIMITED
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Authorization and Media Release Form

_____
Today's Date

_____ _____
Student Name DOB

Please fill out the following consent form.

I, _____, hereby give consent for the Center for Learning Unlimited (CLU) irrevocable permission to use photographs of myself or my child/ward to be used for the following purposes:

Y	N	
☐	☐	CLU Website, social media and/or student blogs
☐	☐	CLU On the Horizon communication sent to CLU parents and staff
☐	☐	Videotape - to be used in-house for educational purposes, including social skills development. (Please contact the school if you have any questions or concerns.

I understand that there will not be any compensation, monetary or otherwise, to me or any member of my family. The photographs will be used to inform and educate the public about educational learning. Because of the wide accessibility of the Internet and potential risk to students, photograph(s) of a student shall not be published with his/her name or other personally identifiable information. Photographs of groups of students, such as at a school event, may be published provided that students' names are not included.

The social skills videotaping will be used by Professional Services for training purposes for both staff and students.

_____ _____
Parent/Guardian Signature Date

2020 – 2021 School Supply Fee

A per-student school supply fee is used to cover the direct costs of annual classroom supplies and curricular materials. Just-in-time purchase of school supplies by CLU will allow buying in bulk cost savings, reduced supply storage space, and convenience for parents who don't have to go school supply shopping. The fees collected this year will pay for only classroom supplies.

The 2020-2021 school year supply fee is $100 per student.

If you have any issues or concerns regarding payment of school supplies, please contact CLU Director, Ginny Erxleben, at director@cflu.org to discuss.