

2022 – 2023 Fall Registration Checklist

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

CHECKLIST	
<input type="checkbox"/>	Complete required forms Administration of Medication Authorization Form Medical Emergency Form Authorization for Exchange of Information Form Authorization and Media Release Form
<input type="checkbox"/>	Prepare Activity financial contribution payment Optional financial contribution. \$200 (full-time students) / \$100 (part-time students) Make checks payable to “CLU”
<input type="checkbox"/>	Prepare School Supply financial contribution payment Optional financial contribution. The 2022-2023 school supply financial contribution is \$100 per student. Make checks payable to “CLU”
<input type="checkbox"/>	Review your student’s Emergency Kit Please be prepared to replenish perishables and update student prescription medication, as appropriate, during registration.

Bring all completed paperwork and optional fees to registration between June 21st – July 15th from 9:00 a.m. - 1:00 p.m. No appointment is necessary.

If you are unable to bring completed paperwork and optional fees during this time, please email forms to Jennifer Mize (jennifer@cflu.org) and mail payment to our physical address (see document footer below).

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

Administration of Medication Authorization Form

TO BE COMPLETED IN FULL BY PHYSICIAN AND PARENT BEFORE ANY MEDICATION (OTC or PRESCRIBED) CAN BE ADMINISTERED 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

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

Contact Information and Medical Emergency Form

Contact and Medical Information

Child's Name

Date of Birth

M F

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

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

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> School |
| <input type="checkbox"/> Speech/OT/Tutor | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Other |

Full Name

Address

City/State/Zip

Business Phone

Email

- | | | |
|--|---|--|
| <input type="checkbox"/> Assessment Results | <input type="checkbox"/> Court Report | <input type="checkbox"/> IEP Report |
| <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Police Report | <input type="checkbox"/> School Records |
| <input type="checkbox"/> Family History | <input type="checkbox"/> Drug/Alcohol Records | <input type="checkbox"/> Records Necessary for Payment |
| <input type="checkbox"/> Mental Health Information | <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Continuity of Care |
| <input type="checkbox"/> 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

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

School Supply Financial Contribution

A per-student school supply financial contributions are 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 contributions collected this year will pay for only classroom supplies.

The optional 2022-2023 school year supply financial contribution 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.

Emergency Kit

An Emergency packet for your child **MUST** be held at the Center for Learning Unlimited in case of an emergency/natural disaster. Each student's packet **MUST** be supplied by his/her parent or guardian and include the following:

- 1 flashlight (small) with batteries stored separately,
- 1 sweater or camping aluminum blanket for warmth,
- 1 game (card game, car game),
- 1 bottle of water,
- 2 snack bars (that have a long shelf life and that your child enjoys)
- hard candy (only for students with diabetes),
- note card with emergency information for that child (outline of parents emergency plan (i.e. emergency phone numbers with local and out-of-state contacts, and special medical information for your child),
- one day of medication, in pharmacy approved container, with instructions for dispensing, and
- picture of child's loved ones.

All items should be placed in a zip lock bag with student's name/date in black marker.

Your student's existing emergency kit will be available during registration (June 21st – July 15th, 2022) so that you may:

- replace perishables, and
- update prescription medications and pick-up old medications, as needed.
 - o NOTE: only pharmacy approved containers will be accepted.

Note: Old medications cannot be sent home with student without written parent permission.