

Parent Consent Form

Date _____



We are pleased that Los Angeles Universal Preschool will be providing support to your child's preschool program! Los Angeles Universal Preschool (LAUP), a non-profit organization, is breaking new ground in early childhood education. Our mission is to expand access to high-quality preschool across Los Angeles County. Please fill out the information in this form in order to enroll your child in the LAUP Program. All information provided is confidential. **Your child will not be enrolled in the LAUP program unless this form is completed, signed and dated.** Please print legibly using black ink.

LAUP Program Information

Provider Name	Session	LAUP ID
Director/Owner	Telephone:	

Child Information

Child's Legal Name: (First, Middle, Last)		
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's date of birth: / /	Phone Number:
Child's Primary Residence: (Street Address, Apt. #, City and Zip Code)		

LAUP provides fee waivers through an appeal process for families who meet income eligibility requirements; however, the following categories are eligible for automatic waivers. Please indicate if any of the following is applicable:

- a) Does the child enrolling in the LAUP program have a current Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)? Yes No
- b) Is the child enrolling in the LAUP program a foster child? Yes No
- c) Is the child under the supervision of the Department of Children and Family Services? Yes No
- d) Are you a parent under the age of 18 involved in the juvenile probation system? Yes No

Public Funding

Please list all sources of public funding that you receive for your child to attend preschool and/or child care (if applicable).

**It is not necessary to include funding sources unrelated to preschool and/or childcare (i.e., WIC, Social Security, Disability Insurance, etc.)*

Name of Organization	# of Hours funded

Permission—Consent

- I declare that the above information is true and correct to the best of my knowledge.
- I will notify the Center immediately of any changes to the above information.
- I understand that my child's participation in the LAUP program will consist of 3.5 hours per day.
- I understand that information from this form, as well as other information obtained through participation in the LAUP program, may be used by representatives of LAUP, First 5 LA, independent auditors, or others as necessary for evaluation and administration and to secure ongoing funding of the program.
- I understand that LAUP is providing financial and other support to my child's preschool program, but that the preschool center itself is responsible for the content and quality of my child's learning experience. I agree that LAUP will not be liable to me or my child as a result of his or her participation in the preschool program.

Signature of Parent/Guardian:	Date:
Print Name:	

<input type="checkbox"/> Parent/Guardian Copy	<input type="checkbox"/> Center/ FCC Copy	<input type="checkbox"/> LAUP Copy
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