

## Editable Form Instructions

### Electronic:

This form is an Editable PDF and the required fields on the form can be filled in directly by just typing, using the Latest Version of Adobe Acrobat Reader. Also, with the Latest Version of Adobe Acrobat Reader, you can sign the form electronically saving you time. You then could Email the entire form to MLEDP for convenience.

**For Desktops and Laptops: Click:**  or go to: <https://get.adobe.com/reader>

This form is most easily filled out on a desktop or laptop computer, but you can also use a mobile device, such as a smart phone or tablet, but you **MUST** install the **Mobile Version** of Adobe Acrobat Reader on your iOS, Android, or Windows device. **Go to your App Store to get the Mobile Version of Adobe Acrobat Reader.**

**Mobile Note: Use the Pencil tool to sign with your finger, not the Sign tool**

### NOTE - AND THIS IS A BIGGIE

In Adobe Acrobat Reader, once you use the Fill & Sign Tool > Sign, and place a signature on the document, and then SAVE the document, you CAN NOT ALTER the form or add anything. Saving the form with a signature on it, locks the form. This is a security function of Adobe Acrobat Reader.

Saving the document with an electronic signature is the key function.

**Once you Save a form with an Electronic Signature on it (using the Fill & Sign Tool > Sign) it is LOCKED FOREVER**

*Although you can add signatures after it has been saved, such as a Parent or Guardian Signature*

If you fill in all the forms electronically and sign electronically, email all 8 forms to: [Kids@MLEDP.org](mailto:Kids@MLEDP.org)

### If You Choose to Print – Print Each Form including the Checklist:

You can also fill in the form electronically then print the form and sign in each location by hand. You would then have to Mail the Entire Form to MLEDP.

Mail all 8 forms (including the checklists) to: MLEDP  
250 Mt. Lebanon Blvd., Suite 414  
Pittsburgh, PA 15234

## Form Table of Contents

Listed here are the forms you need to complete and/or have completed, and return to MLEDP

- 1 - CIT Application Form
- 2 - CIT Calendar of Availability Form
- 3 - CIT Media Release Form
- 4 - CIT Parent Consent & Emergency Contact Form
- 5 - CIT Responsibility Form
- 6 - CIT Child Health Report Form
- 7 – CIT Reference Letter
- 8 – CIT Forms Checklist

**MT. LEBANON**  
Extended Day Program



Professional, Affordable, Convenient  
School Age Child Care

**CIT**  
**PARENTAL CONSENT &**  
**EMERGENCY CONTACT**  
**FORM**

Page 1 of 3

**Child's Information**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number for Child: \_\_\_\_\_

**Mother or Legal Guardian Information**

Mother's Name or Legal Guardian: \_\_\_\_\_

Mother's Address : \_\_\_\_\_

Mother's Address : \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Mother: \_\_\_\_\_

Cell - Pager Mother: \_\_\_\_\_

Business Phone Mother: \_\_\_\_\_

Occupation Mother: \_\_\_\_\_

Business Name where Mother Works: \_\_\_\_\_

Business Address where Mother Works - Address, City, ZIP

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Hours Mother: \_\_\_\_\_

**CIT PARENTAL CONSENT - EMERGENCY CONTACT FORM**

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**Father or Legal Guardian Information**

Father's Name or Legal Guardian: \_\_\_\_\_

Father's Address : \_\_\_\_\_

Father's Address : \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Father: \_\_\_\_\_

Cell - Pager Father: \_\_\_\_\_

Business Phone Father: \_\_\_\_\_

Occupation Father: \_\_\_\_\_

Business Name where Father Works: \_\_\_\_\_

Business Address where Father Works - Address, City, ZIP

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Hours Father: \_\_\_\_\_

**Name of Emergency Contact Person(s) other than parent, 16 yrs. or older**

Emergency Contact Name #1: \_\_\_\_\_

Contact #1 Phone Number when Child is in Care: \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_

Contact #2 Phone Number when Child is in Care: \_\_\_\_\_

**Name of Person(s) To Whom Child May Be Released, 16 yrs. or older**

Person #1 – Name: \_\_\_\_\_ Address: \_\_\_\_\_

Person #1 - Phone Number when Child is in Care: \_\_\_\_\_

Person #2 - Name: \_\_\_\_\_ Address: \_\_\_\_\_

Person #2 - Phone Number when Child is in Care: \_\_\_\_\_

Password to release child to Emergency Contact Person: \_\_\_\_\_

Name & Address  
State Requirement

**CIT PARENTAL CONSENT - EMERGENCY CONTACT FORM**

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**Medical Information**

Name of Child's Physician/Medical Care Provider: \_\_\_\_\_

Address of Physician/Medical Care Provider: \_\_\_\_\_

Telephone Number for Physician/Medical Care Provider: \_\_\_\_\_

Special Disabilities (if any): \_\_\_\_\_

Medical or Dietary Information for an Emergency: \_\_\_\_\_

Allergies (including Medication Reactions): \_\_\_\_\_

Medication, Special Conditions: \_\_\_\_\_

Health Insurance Co. for Child: \_\_\_\_\_

Policy Numbers (Required): \_\_\_\_\_

Additional Info. on Special Needs of Child: \_\_\_\_\_

**Parent SIGNATURE REQUIRED for EACH Item Below to Indicate Consent**

Administration of Non-Prescription Drugs: \_\_\_\_\_

Administration of Minor First-Aid Procedures: \_\_\_\_\_

Obtaining Emergency Medical Care: \_\_\_\_\_

Transportation by MLEDP: \_\_\_\_\_

Wading and/or Swimming: \_\_\_\_\_

Walks and Trips: \_\_\_\_\_

Child's Admission Date: \_\_\_\_\_ Child's Withdrawal Date: \_\_\_\_\_

Child's Arrival Time: \_\_\_\_\_ Child's Departure Time: \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_