

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

Date of Birth \_\_\_\_\_

I give permission for my child to participate in: walking field trips around the block, activities in the field north of the school parking lot, activities in the courtyard to the west of the school, and activities on the basketball court located on the west side of the parking lot. Teacher/Child Ratios will be maintained.

YES \_\_\_ NO \_\_\_ INITIALS \_\_\_

I agree that when I sign in each day I am also confirming that my child has had proper sunscreen applied for the day. I understand that the staff will not be applying sunscreen, but I may choose to come back to the school and sunscreen my child if I deem necessary. If I forget to sunscreen my child prior to dropping them off to school, I may use the sunscreen in the office. The children will play outside for 30 minutes each day when the proper conditions exist.

YES \_\_\_ NO \_\_\_ INITIALS \_\_\_

Photos and videos may be taken of my child while participating in preschool activities to be used for school purposes only.

YES \_\_\_ NO \_\_\_ INITIALS \_\_\_

A list of my child's allergies and/or chronic health conditions may be posted in each classroom. This is for my child's health and safety. This is posted in each classroom under a flap for privacy labeled "Allergy/Dietary/Health"

YES \_\_\_ NO \_\_\_ INITIALS \_\_\_

I agree to designate anyone authorized to pick up my child from school as "IN LOCO PARENTIS". In Loco Parentis status affords the authorized pickup person the right to discuss confidential information about the child's day including incident/accident reports and behavior issues. The staff will do their best to keep these conversations limited to nannies, and other regular caretakers.

YES \_\_\_ NO \_\_\_ INITIALS \_\_\_

I have read and agree to abide with the policies in the parent handbook.

YES \_\_\_ NO \_\_\_ INITIALS \_\_\_

I acknowledge that I was provided with the Parent Required Immunization letter from the State of Colorado ( this was attached in the Back to School email)

YES \_\_\_ NO \_\_\_ INITIALS \_\_\_

I agree that my child's photo may be used on The Children's Center Facebook Page. Children's Names will not be used.

YES \_\_\_ NO \_\_\_ INITIALS \_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_