**IMAGINATION STATION**

**EARLY LEARNING CENTER**

**Or**

**IMAGINATION STATION EXPRESS**

**EARLY LEARNING CENTER**

Phone 563-8290

Introducing:

**Comfort Care Kit**

 A “Comfort Care Kit” is a gallon size, **zip-lock bag** that contains several personal items from home for your child. These kits would only be used in an emergency and you were unable to reach your child in a timely manner due to a natural or man-made disaster. We have listed several items that need to be in your child’s kit that are **required by the center**. There is also a suggested items list that may be of “comfort” to your child during a stressful time. If you think of something else you would like to provide that would be fine. Please keep in mind that it must fit inside the bag. Only one bag per child! No “family” bags please.

**Required items:**

1 pair of underwear (or diaper)

1 pair of socks

1 sweatshirt or long sleeve shirt

1 Juice box or small bottle of water

1 3x5 index card w/parent info include phone #

Granola bar or other similar type snack

**Suggested items:**

Small toy (i.e. matchbox car, small doll, stuffed animal)

Coloring/activity book and crayons

Family picture

Note from Mom and/or Dad

Please have the bag labeled with your child’s name on it. Your child’s teacher will take the bags and label a larger container that will be stored in every class room. These bags will be taken with the class on fire drills but will only be used in the event of a natural or man-made disaster.

Rev: 9/1/19

IMAGINATION STATION EARLY LEARNING CENTER

&

IMAGINATION STATION EXPRESS EARLY LEARNING CENTER

**CHILD REGISTRATION FORM**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_

Do you receive assistance with the payment of your bill? \_\_\_\_\_\_\_\_\_

If yes, which program assists you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soc. Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone#: \_\_\_\_\_\_\_\_

Dad’s place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone #: \_\_\_\_\_\_\_\_

Custody/Visitation Arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health of child

(Physical examination within the last year is required for admission to the center)

Date of last complete exam: \_\_\_\_\_\_\_\_\_\_\_\_ Current state of health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any chronic illnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any accidents or surgeries your child may have had? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child get frequent colds? Yes ( ) No ( ) Earaches? Yes ( ) No ( )

Sore throat? Yes ( ) No ( ) Stomach aches? Yes ( ) No ( ) Fevers? Yes ( ) No ( )

Please list any medications the child is currently taking (including Asthma and ADHD medications): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child use an inhaler for any reason? Yes ( ) No ( )

Does your child have any special medical, physical, social or emotional needs that the staff should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an IEP? Yes ( ) No ( )

Please list any known or suspected allergies (including allergies to food):\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developmental level

Is the child fully responsible for his/her own toileting during the day? Yes ( ) No ( )

Is the child fully responsible for his/her own toileting at night? (no pull-ups/diapers)

 Yes ( ) No ( ) if not, what does he/she need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child use a bottle during the day? Yes ( ) No ( ) To go to sleep? Yes ( ) No ( )

Does the child use a pacifier? Yes ( ) No ( ) If yes when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our center wants infants to feel loved and well cared for. Infant will be held by a caregiver for each bottle feeding, unless the child can hold their own bottle. We will not put a child to bed with a bottle or sippy cup for any reason at any time.

Has the child been in a day care setting before? Yes ( ) No ( )

How many other children at a time is your child accustomed to being around? \_\_\_\_\_\_\_\_\_\_

Has the child ever been asked to leave another center or home day care? Yes ( ) no ( )

If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What fears, if any, does the child have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any nervous habits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child eat without any help? Yes ( ) No ( ) Does your child use a high chair at home?

Yes ( ) No ( )

Does the child take an afternoon nap? Yes ( ) No ( ) Approximate length: \_\_\_\_\_\_\_\_\_\_\_\_

Does the child use a crib to sleep in at home? Yes ( ) No ( )

What time does your child go to bed at night and wake up in the morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does your child eat for breakfast? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dinner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much television does your child watch a day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any other languages besides English spoken in your home? Yes ( ) No ( ) If so what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How high can the child count? \_\_\_\_\_\_\_\_\_\_\_ Can he/she say the ABC’s? \_\_\_\_\_\_\_\_\_\_\_\_\_

What form of behavior management do you use at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child accept correction easily? Yes ( ) No ( )

TODDLERS/PRE-SCHOOL AGED CHILDREN

Do you feel your child speaks clear? Yes ( ) No ( )

Can strangers understand your child when he/she speaks to them? Yes ( ) No ( )

Does your child play well alone? Yes ( ) No ( )

Does your child play well with others? Yes ( ) No ( )

 YES NO

Does he/she: say the ABC’s? \_\_\_ \_\_\_

 use scissors? \_\_\_ \_\_\_

 share effectively? \_\_\_ \_\_\_

 interact with other children? \_\_\_ \_\_\_

 color with crayons? \_\_\_ \_\_\_

 recognize colors? \_\_\_ \_\_\_

 recognize shapes? \_\_\_ \_\_\_

 recognize written letters? \_\_\_ \_\_\_

 write with a pencil? \_\_\_ \_\_\_

 use glue or paste? \_\_\_ \_\_\_

 speak clearly? \_\_\_ \_\_\_

 tie his/her own shoes? \_\_\_ \_\_\_

INFANTS

 YES NO

Does he/she: roll over? \_\_\_ \_\_\_

sit up unassisted? \_\_\_ \_\_\_

crawl? \_\_\_ \_\_\_ Pull to a stand? \_\_\_ \_\_\_ by him/herself? \_\_\_ \_\_\_

feed him/herself with a spoon? \_\_\_ \_\_\_

drink from a sippy cup? \_\_\_ \_\_\_

Is your child eating veggies? Yes ( ) No ( ) Fruits? Yes ( ) No ( ) Meats? Yes ( ) No ( )

Solids? Yes ( ) No ( ) Cereals Yes ( ) No ( ) If so what types? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMAGINATION STATION**

**&**

**IMAGINATION STATION EXPRESS**

CHILD’s NAME(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO PERMISSION SLIP

Occasionally pictures of the children attending our facilities may appear in newspaper articles, media publications concerning special events, community events, on our website or our Facebook page or ProCare Parent App (group photos).

Please fill in appropriate space below…

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent’s name) (Child’s name)

give my permission for my child’s picture to appear in/on:

* Intitals \_\_\_\_\_\_ Group photos sent in the PROCARE Parent App to other parents of the children in the photo.
* Intitals \_\_\_\_\_\_ Facebook
* Intitals \_\_\_\_\_\_ T.V. News and or Newspaper concerning special events.
* Intitals \_\_\_\_\_\_ Website

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent’s name) (Child’s name)

**DO NOT** want my child’s picture to be published in any media. I understand that my child’s picture will still be sent to me in the PROCARE app but may be left out of some group pictures due to not having a signed release. It will also be used for in house art projects.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal guardian signature Date

(if you have more than one child please add them to this form)

\*\*Please know that we will be taking all children’s photos for use in such things as art projects, screen savers, and classroom decorations within the facility\*\*

Imagination Station

Early Learning Center

&

 Imagination Station Express

Early Learning Center

Topical Products Consent Form

I authorize the use of the following items as preventative care for my child by the staff at Imagination Station: sunscreens (Baby Banana Boat or Coppertone), toothpaste (under 3 Oral B baby stages fluoride free), insect repellent (Repel DEET free), hydrogen peroxide, Neosporin, Bag Balm, baking soda, Benadryl bite stick (a generic brand may be used at times) or Vaseline or a generic brand. We also may use coconut oil or DoTerra essential oils. Currently we use Breathe or On Guard in the diffusers. We also may use Lemon, Orange, Lavender, Grapefruit and Tangerine. If you use oils and make diaper creams or anything else please label it with the ingredients and your child’s name.

\*I will indicate on this form any personal preference or known allergies to the “over the counter” items noted above.

\*When personal preferences are noted below, parents are required to supply Imagination Station with the specific product type listed and label it the child’s name.

\*This form will remain in effect until revised or revoked by the parent.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please enter all children attending on same form)

### Known allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIFIC PREFERENCES OR INSTRUCTIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

PARENTS: Please sign and date this page

and return it to the center for your child’s file.

**PARENT SIGN OFF - 22**

I have received, read and understand the parent policy brochure

for Imagination Station and/or Imagination Station Express, and agree to comply with all that is contained therein. I further understand that these rules also apply to any persons that I designate to pick-up/drop-off my children and that I am responsible for informing them of these rules. I understand that updates to these policies will be sent via the Procare app and/or posted on our website. A message may be sent in the app directing you to our website to read the updates.

I also understand that non-compliance with any of Imagination Station’s written policies is grounds for immediate termination of service and can be followed by legal action if necessary. I further understand that should my account become delinquent by more than 30 days my account will be turned over to Cornerstone Credit for collection. Families on assistance whose bills are not paid in full will be turned over for debarment with the appropriate agency of record.

Refunds and/or prorating for vacations, closures, illnesses including covid and or quarantine will not be permitted.

NAME OF CHILD(REN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Include all children enrolled at either site)

(Both parents must read and sign the handbook)

MOM/GUARDIAN’S PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOM/GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.S.N. \_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAD/GUARDIAN’S PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAD/GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.S.N. \_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware that there is a 30-day notice to remove my child from care.

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

Imagination Station Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Policies revised 6/29/22)

 Imagination Station &

 Imagination Station Express

Authorization for Release of Client Medical Records

Please Print All Names

 Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_

* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_
* Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize immunization records and well child/physical exams to be released to Imagination Station/Imagination Station Express. I understand that this information is protected by federal law and that the recipient of this information must continue to keep this information confidential. I also understand that this is good for as long as my family is attending the facility and I may revoke this release at any time by notifying Imagination Station/Imagination Station Express in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian Signature Date

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Information Requested:

* Immunizations
* Well Child Exam or Physical Exam
* IEP/IFSP

Send To: Imagination Station Fax: 907-563-8830