

PARENT OR GUARDIAN RELEASE

A parent or legal guardian signature on this form is required to enroll at the Winchester Learning Center.

____ (parent/guardian initials) **Medication policy IE prescription and over the counter.**

*** CHOOSE ONE OF THE FOLLOWING:**

* ____ (parent/guardian initials) **Media Release** I hereby authorize the Winchester Learning Center to take, reproduce, and release video, audio, photographs and/or slides of me and/or my child _____ (name of child in program) for purposes of agency publicity, fundraising, and training/education.

- or

* ____ (parent/guardian initials) I hereby authorize the Winchester Learning Center to take pictures of my child _____ **in house only** for purposes of classroom displays, curriculum, and activities.

- or

*Please sign here if you **do not** agree to the Media Release _____

____ (parent/guardian initials) I acknowledge that my child may go on walking field trips within 2 miles of the Center and my child will never travel in a vehicle without prior permission from me.

____ (parent/guardian initials) **Parent Handbook Received**

I hereby acknowledge that I have received a Parent Handbook. I further acknowledge that these specific items were explained to me

- * The Sleep Ratio
- * Holiday Closings, Inclement Weather and Shut Down
- * Open Door Policy
- * Illness Policy
- * Confidentiality
- * Toys from Home
- * Celebrations
- * Necklaces
- * Hair Clips
- * Emergency Operations Plan

____ (parent/guardian initials) I understand that if my child runs out of diapers the WLC will supply them at a fee of \$0.25 each until the diapers are supplied; this also applies to sunscreen, change of clothes, and rest items.

____ (parent/guardian initials) I authorize the Winchester Learning Center to give my child the ASQ developmental screening. I understand that this permission will be good for as long as my child is in care. I also authorize ASQ results to be provided to my child's health care provider, and (for statistical purposes) the Watch Me Grow Program. No names will be provided to Watch Me Grow.

____ (Parent/Guardian initials) Per order of the Emergency Management Team I give permission for my child to be evacuated.

____ (Parent/Guardian initials) I agree that by enrolling my child in The Winchester Learning Center, I will have emergency backup childcare should it be needed.

____ (Parent/Guardian initials) Is your child bilingual? Yes No (circle) If so, how can we support your child and family in the classroom?

____ Are you a veteran of the military?

Parent/Guardian Signature Date

Parent/Guardian Print name Date