

Required Parental Consents

Day Care Provider: Aspen Grove Preschool

Child's Name:

Phone Numbers:

Child's Date of Birth:

Emails:

Parent/Guardian Names:

Addresses:

1. Release of Child - The following people have my permission to pick up my child from the provider's home:

Name:

Name:

Relationship to Child:

Relationship to Child:

Phone number:

Phone number:

Parent Signature _____ Date _____

2. Transportation Consent - I give permission for provider to transport my child in a vehicle for the following checked purposes:

Fieldtrips____

Medical Emergencies ____

Other ____

Explain: _____

The following guidelines must be followed while transporting my child:

- A caregiver or volunteer must never leave a child unattended in any motor vehicle or other form of transportation.
- Each child must board or leave a vehicle from the curbside of the street.
- All children must be secured in safety seats or by safety belts as appropriate for the age and weight of the child in accordance with the requirements of the Vehicle and Traffic Laws before any child may be transported in a motor vehicle where such transportation is provided or arranged by the provider.

- Any motor vehicle, other than a public form of transportation, used to transport children in my care at the family Preschool must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

Parent Signature _____ Date _____

3. Napping Arrangement – I give permission for my child to take a nap or rest in the living room/play room/bedroom (please circle) of the home on a mat/pack-n-play (please circle).

Parent Signature _____ Date _____

4. School-Age Supervision: (when applicable ages 5 and up)
I give permission for my school aged child to participate in activities outside the direct supervision of the caregiver, I understand that such activities must occur on the premises of the home preschool, and that the provider will check on my child no less than every 15 minutes.

Parent Signature _____ Date _____

5. Topical Ointment Consent – I give permission for the caregiver to apply the following over-the-counter topical ointment to my child when needed:

Sunscreen: _____ (parent provides)
Insect Repellent: _____ (parent provides)
Neosporin: _____ (caregiver provides)
Other: _____ (parent provides)

Parent Signature _____ Date _____

6. Meals – Children will eat a late morning snack, lunch, and an afternoon snack each day. Please list any known allergies or food aversions:

Parent Signature _____ Date _____

7. Photographs – I give permission for my child to be photographed. Photos will be used in the Preschool facility, Preschool website, promotional items, and/or shared with parents.

Parent Signature _____ Date _____