

Child's Name: _____

Birthdate: _____

PHOTO RELEASE CONSENT

I/we give my permission for Loving Arms Children's Center to use my child's photo in their brochure, website, newsletter, social media (i.e. Facebook) to be distributed for the promotion of the Children's Center, or newspaper or other media purposes.

Yes _____ No _____

TELEVISION AND/OR VIDEO VIEWING

I permit the Children's Center staff to allow my child to view television and videos within reasonable limits as deemed beneficial by the Children's Center. Viewing will be done in accordance with the curriculum, with a specific learning purpose and/or for recreation. I understand videos shown to my child will be rated "G".

Yes _____ No _____

PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES

I hereby grant permission for my child to use all of the play equipment and to participate in all the activities of the center, and to leave the Children's Center Premises under the supervision of a staff member for neighborhood walks, or field trips. When field trips are taken, parents will be notified in advance and asked to sign a permission slip. The children will be required to sit in car seats, if under 6 years of age. All Children will be required to wear seat belts unless they are riding the school bus.

Yes _____ No _____

PERMISSION TO RECEIVE EMERGENCY CARE

I hereby grant permission for the Director or On-Site Supervisor to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

- 1) Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency sheet.
- 2) If the Center cannot contact either a parent or physician the Center will either
 - a. Contact another physician or paramedic
 - b. Take the child to the Emergency Room in the company of a staff member
 - c. The Center reserves the right to call 911 for any emergency and not follow the above order.
- 3) Any expenses incurred (above) will be borne by the child's family.
- 4) The Center will not be responsible for anything that may happen, as a result of false or lack of information given at time of enrollment.
- 5) The Center **will not** assume responsibility for a child who has not been signed in upon arrival for the day.

Yes _____ No _____

PERMISSION FOR TEMPORARY RELOCATION

I hereby grant permission for my child to temporarily relocate if an evacuation, due to an environmental condition, is necessary. In the event of relocation, every attempt will be made to make contact with the parent/guardian. It is the responsibility of the parent/guardian to ensure that all Emergency Contact information is correct and updated.

Yes _____ No _____

Parent's signature: _____ Date _____

Parent's signature: _____ Date _____

Parent's signature: _____ Date _____