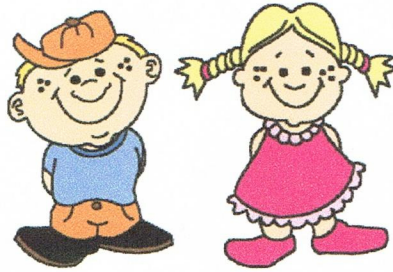


ALL ABOUT YOUR CHILD



Child's Full Name _____ Nickname _____

I have _____ brother(s) and _____ sister(s). Their names and ages are _____

Has your child been in daycare before? Yes _____ No _____

If yes, name of provider or center _____

Provider/Center address/Phone Number _____

Dates care was provided, from _____ to _____

Reason care was terminated _____

Eating Habits :

Does your child have a special diet? _____ Are there any foods that should not be served to your child?

If yes, please list the food and the reason _____

Your child's favorite foods _____

Least favorite _____

Does your child eat independently? Yes _____ No _____

For infants, what brand of formula do you use? _____

Does your child require: bottle _____ sippy cup _____ high chair _____ booster seat _____

Sleeping Habits:

Does your child have a regular bedtime schedule? Yes _____ No _____

What time does your child usually wake up in the morning? _____

What time does your child usually go to bed at night? _____

Does your child take naps? If yes, how long does your child usually nap? _____

Does your child have any problems getting to sleep or staying asleep? If yes, explain _____

Health Concerns:

Does your child have any known health concerns? Yes _____ No _____

If yes, please describe _____

Does your child take any medications on a regular basis? Yes _____ No _____

If yes, list the medication(s), dosage, and how often taken _____

Are there any hearing or vision problems? If yes, please describe _____

Does your child have any known allergies? Yes _____ No _____

If yes, please list the allergy and how it is dealt with _____

List any communicable diseases your child has had _____

Does your child suffer from any of the following on a *regular* basis (check all that apply)?

Nosebleeds _____ Headaches _____ Sore throats _____ Stomachaches _____ Runny nose _____

Seasonal allergies _____ Other _____

Behavior:

How do you "reward" or "discipline" your child? _____

Anything else about your child you feel I should know?



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Custody: Mother Father Both Other

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Florida Department of Health Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

Check here and sign/date below if your child does not receive meals while in care

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	_____ a.m. to _____ a.m. _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here and sign/date below if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____



Discipline Policy

I view discipline as a teaching/learning process of positive reinforcement techniques which leads children toward more responsibility for themselves as they develop independence and more mature behavior. A safe and suitable environment, interesting, and challenging activities, established routines for transitions, clearly defined rules and a sensitive and well-trained provider promote a consistent atmosphere for children's acceptable behavior. A child requiring correction will be approached, lovingly but firmly, and redirected to other activities which promote a positive and acceptable behavior pattern.

Problems other than routine occurrences are discussed between the parents and provider. If it seems appropriate to inform parents about severe behavior problems, a conference is scheduled. Again, the focus is positive whereby parents and staff seek cooperative and effective solutions.

I will enforce the following disciplinary action:

1. Redirection of behavior
2. Time-out (1 min per child's age)
3. Parental notification
4. Parental Conferences
5. I reserve the right to dismissal child if their behavior poses a threat to the safety and well-being of themselves or any children in care.

I do not support any type of physical force or abusive language in disciplining children. Discipline will never be associated with food, rest, or toileting.

I am committed to the goal of each child benefitting from my wholesome, professional approach to discipline which promotes self-control.

Parent/Guardian Signature: _____

Date: _____

__ Center Copy

__ Parent/Guardian Copy

EMERGENCY/HEALTH INFORMATION

Child's Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____

Mother: _____

Work phone: _____ Cell phone: _____

Father: _____

Work phone: _____ Cell phone: _____

Emergency Contacts: Name and phone number (List 2):

Child's Doctor: _____

Address: _____

Phone: _____

Are immunizations up to date? Yes _____ No _____

Child's Dentist: _____

Address: _____

Phone: _____

List any special problems: (ex. Surgeries, allergies, and communicable diseases child has had, etc.) _____

Parent Signature

Date

Parent Signature

Date



Expulsion Policy

IMMEDIATE CAUSES FOR EXPULSION:

- This child is at risk of causing serious injury to other children or himself/herself.
- Any threats, physical or intimidating actions towards staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION:

- Failure to pay/habitual lateness of payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when dropping off/picking up your child.
- Any form of abuse to staff (verbal, physical, etc).

CHILD'S ACTIONS FOR EXPULSION:

- Failure for a child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing verbal or physical abuse towards staff or other children.
- Excessive biting.

SCHEDULE OF EXPULSION:

If after the remedial actions above have not worked the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period so that the parent/guardian may work on the child's behavior or come to an agreement with the center. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center. There will be given a specific expulsion date that allows the parent's sufficient time to seek alternative child care (approximately one to two week's notice depending on the risk to



other children’s welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

CLASSROOM DISCIPLINE:

Occasionally, when necessary, we use a procedure called “time out.” It gives children time to think about their actions before returning to a group activity. It is a positive form of discipline that teaches appropriate behavior while allowing a child to make the decision to improve his or her behavior. “Time Out” periods may last no more than one minute for each year of your child’s age.

Learning self-control is a normal part of growing up. Our policy is to never embarrass or ridicule child when he or she misbehaves. Corporal or physical punishment is never allowed at Natalia Rice Academy. Instead, we use positive strategies that strengthen the self-esteem of children.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

Palm Beach County Health Department
Childcare Licensing Office
P.O. Box 29
800 Clematis St., 4th Floor
West Palm Beach, FL 33402
(561) 837-5900
www.pbchd.com

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



INFLUENZA VIRUS

**“The Flu”
A Guide
for Parents**

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ Center Name & Address: _____

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
--	---

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** _____ | If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ **Daytime phone #:** (_____) _____ - _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child **Total Household Size:** _____ **Total Household Income:** \$ _____

Eligibility Determination: Free Reduced-Price Non-needy **How Often Income is Received (Frequency):** Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military:		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust	<ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 		

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules.

This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)