



PERMISSION FORM

Initials _____ **Medical Permission:** I give permission for CDLC staff to take whatever emergency measures deemed necessary for the care and protection of my child while under their supervision.

Initials _____ **Posting Allergy Information:** CDLC has my permission to post my child allergy information in food prep areas.

Initials _____ **Policies and Procedures:** I have read and understand the policies and procedures described in the Parent Handbook, especially those pertaining to tuition and sick children.

Initials _____ **Email:** CDLC has my permission to use email to send out information to parents, i.e. newsletters, weekly updates, special notices, information CDLC deems valuable to share with families.

Initials _____ **Contact Information:** CDLC has my permission to share my contact information with other parents for the purpose of setting up carpools, birthday parties and play dates.

Initials _____ **Hand Sanitizer Products:** CDLC has my permission to use hand-sanitizing products.

Initials _____ **Sunscreen:** CDLC has my permission to apply sunscreen before going outside in the afternoon for all day students (parents of half day students should apply sunscreen before sending their child to school).

Initials _____ **Personal Property:** I understand that CDLC is not responsible for any loss, theft or damage to any personal property (clothing, books, toys, etc.) brought by my child to the center.

Initials _____ **Photographs/Videotaping:** CDLC has my permission for staff to photograph or videotape my child for:

- Center use and display
- Newspapers or other publicity
- Educational use

Initials _____ **Education:** I understand that CDLC is a training resource to the metro community. My child may participate in activities led by students, supervised by CDLC teachers.

Initials _____ **Walks:** I give permission for my child to go on walking field trips on campus.

I hereby understand that by initialing and signing this form, I agree with the above terms and will comply with them.

Child's Name _____

Signature of Parent/Guardian

Date