

# A Child's Delight Learning Center General Permission Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parents Name \_\_\_\_\_ Date \_\_\_\_\_

Please initial the following items if you grant permission.

\_\_\_\_\_ I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Center.

\_\_\_\_\_ I hereby grant permission for my child to leave the Center premises under the supervision of a staff member for neighborhood walks.

\_\_\_\_\_ I hereby grant permission for my child to be included in pictures connected with the Center program.

\_\_\_\_\_ I hereby grant permission for a staff member to give my child Syrup of Ipecac only when the Poison Control Center or a Physician has given permission to use.

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Please initial the following if you agree to the Policies and Terms set by A Child's Delight Learning Center. Return this form along with Registration Forms.

\_\_\_\_\_ I have read and understand the Payment Schedule and Billing Policy.

\_\_\_\_\_ I have read and understand the Vacation and Illness Policy.

\_\_\_\_\_ I have read and understand the Discipline Policy.

\_\_\_\_\_ I have read and understand the Parents Handbook and will abide by the written policies for A Child's Delight Learning Center.

\_\_\_\_\_ I have read and understand the Health and Safety Policy Handbook.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_