

# TOP Early Learning Center Permission Form

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female or Male

Please answer the questions below by circling "Yes" or "No".

## Health Services

1. I give permission for my child to receive vision, hearing, developmental and psychological screening, which will be provided by qualified professionals such as staff, student nurses (under supervision), psychologist, doctors, dentists or qualified volunteers. **Yes or No**
2. I understand that if TOP Early Learning Center provides any of the services listed above in item #1, I will not be charged for such services. **Yes or No**

## Miscellaneous Consents

1. I understand that my child will occasionally take educational walks or field trips (permission may also be requested prior to). **Yes or No**
2. I understand that TOP Early Learning Center opens its doors at 7:30a.m. and breakfast begins at 8:00a.m. I also understand that breakfast will not be available for my child after 8:20a.m. due to Health Department food regulations and if I arrive after 8:30a.m. I will be asked to return the following day for school. **Yes or No**
3. I give permission for my child to be photographed or video-taped for the use of TOP Early Learning Center and for the media (such as, Facebook, newspaper, television and information articles). **Yes or No**

## Confidentiality of Information

1. I understand I have the right to review my child's records with a staff member of TOP Early Learning Center upon request. **Yes or No**
2. I understand that I will be encouraged to be involved in my child's education. **Yes or No**
3. I understand that my child will be participating in the Child and Adult Care Food Program **Yes or No**
4. I understand that information regarding my child may be shared via, fax, email, US Postal Service or verbally with other TOP locations, Child Start, Unified School district in which my family resides, Rainbows, or other prudent partners. **Yes or No**

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_