
AUTHORIZATION FOR MEALS:

I, _____ understand that the following **meals** will be served to my child while in care;

- None AM snack Lunch PM snack
-

AUTHORIZATION FOR WATER ACTIVITIES:

I, _____, hereby give consent for my child to participate in the following water activities:

- Splash Pad Water table play
-

AUTHORIZATION FOR TRANSPORTATION TO AND FROM THE Elementary Schools

The school will provide pick up and drop off facility to/from the nearby Elementary schools for children enrolled in our Before and After care Program.

Elementary School Name _____
Address _____ Phone _____
Grade _____ Home Room _____

CHECK ALL THAT APPLY:

- ___ His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.
___ Vision and Hearing screening records are on file at the school and current.

My child has permission to:

I give the school the permission to:

- Before After Both None

- ___ Ride a bus to school from the Seedlings Montessori School
___ Ride a bus from school to the Seedlings Montessori School
___ Be released to the care of his/her sibling(s) under the age of 18.
Name of sibling(s): _____
-

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

Parent/Guardian Signature: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

EMERGENCY CONTACT AND RELEASE PERSONS

In case of emergency, if you cannot be reached, please list the persons you would like us to contact (in order of priority). Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.

Mandatory:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child (ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

Parent/Guardian Signature:

Date:

X _____
