



TRINITY

LUTHERAN FREISTADT

PARENTAL CONSENT FORM

We admit children of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children in our care. We do not discriminate on the basis of race, color, national and ethnic origin in administration of our educational policies, admissions policies, or other childcare, school or church administered programs.

INFORMATION

_____ Initial for Agreement

_____ Initial for Disagreement

I understand that it is my responsibility as a parent/guardian to keep all medical and emergency contact information current throughout the year. I agree to notify Trinity Lutheran Early Childhood Center of Freistadt about any changes or updates to this information about my child(ren).

SICK CHILD POLICY

_____ Initial for Agreement

_____ Initial for Disagreement

By signing below, you understand and acknowledge that Trinity Lutheran Early Childhood Center of Freistadt is a "well-child care facility." Children that have a contagious illness expose other children and staff to the spread of the illness and require additional care and attention that Trinity Lutheran Early Childhood Center of Freistadt is unable to provide without compromising the health and safety of other children and staff. As stated in the Parent Handbook, Trinity Lutheran Early Childhood Center of Freistadt employs all the best efforts to promote a safe and healthy environment, and, for the families we serve, each parent/guardian must cooperate and fully inform us of all instances of illness, accident or other ailment of your child(ren). Please notify the center immediately if your child has a communicable disease so that we may notify others.

MEDICAL CONSENT

_____ Initial for Agreement

_____ Initial for Disagreement

I give my give my consent for emergency medical care or treatment. Written permission shall be on file at the Center. The consent includes for my child(ren) to be transported to an emergency medical care center if the need arises and for the attending hospital to administer medical care in a life-threatening situation. The permission shall be used only when the parent/guardian cannot be reached. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

MEDIA CONSENT (PHOTOGRAPHS, AUDIO, VIDEO)

_____ Initial for Agreement

_____ Initial for Disagreement

I consent to the use of my child's/ward's image, likeness, and/or voice in any print, audio, video, internet, digital, or electronic marketing, and/or informal materials developed while he/she is in attendance at Trinity Lutheran of Freistadt. His/her image or voice may be used in whole or part, in original or modified form, alone or in conjunction with other voices, visual material, artwork, and/or written material. On behalf of myself and my child/ward, I assign all rights of copyright of such material to Trinity Lutheran of Freistadt and release Trinity Lutheran of Freistadt from any liability arising out of such use.

SUNSCREEN/INSECT REPELLANT

_____ Initial for Agreement

_____ Initial for Disagreement

I give permission for Trinity Lutheran Early Childhood Center of Freistadt to apply sunscreen (SPF 30 or higher) and insect repellent on my child(ren).

*Children under 6 months of age will NOT receive sunscreen or insect repellent.

POLICY REGARDING THE RELEASE OF STUDENTS TO AUTHORIZED PERSONS

_____ Initial for Agreement _____ Initial for Disagreement

Trinity Lutheran Early Childhood Center of Freistadt is concerned about the welfare of the children who are in our care. Therefore, we will not release a child to any person without written authorization from the parent or guardian (unless in an emergency situation when verbal authorization from the parent or guardian will be required). ID may be requested.

PAYMENT

_____ Initial for Agreement _____ Initial for Disagreement

Childcare tuition is the sole responsibility of the parents/guardians. Non-payment of tuition and fees may result in immediate suspension of services or dismissal from the program. Any permanent schedule change requires payment of the registration fee and a new schedule contract.

HANBOOK AND FINANCIAL POLICY ACKNOWLEDGEMENT

_____ Initial for Agreement _____ Initial for Disagreement

I have read, reviewed and accept the policies and procedures as outlined in the Trinity Lutheran Early Childhood Center Handbook and Financial Policy Forms.

CHILDCARE COVENANT

_____ Initial for Agreement _____ Initial for Disagreement

I have read and understand what is expected of our family as part of the Trinity Lutheran Early Childhood Covenant. With the help of God, I promise to uphold this covenant in order to maintain status at Trinity Freistadt.

List (print) all children in the family

Child's Name _____ DOB ____/____/____

Child's Name _____ DOB ____/____/____

Child's Name _____ DOB ____/____/____

Child's Name _____ DOB ____/____/____

Child's Name _____ DOB ____/____/____

INITIAL EACH SECTION, CHECK AGREE OR DISAGREE AND SIGN BELOW TO ACKNOWLEDGE CONSENT

Signature of Parent/Guardian

Date