

Kids In Action llc

Child's name:

Handbook Acknowledgement

This is to acknowledge that I, _____ have read and understand the Kids In Action Childcare handbook and have read and reviewed with my child the Kids In Action discipline policy. I have also handed in the Early Childhood Health Assessment and the Kids In Action Student Information Form at least 24 hours before my child began attending Kids In Action.

Parent/ Legal Guardian Signature

Date

Parental Permission Form

Child's name:

Permission Agreement and Consent for Treatment

This is to certify for the time from _____ until my child no longer attends Kids In Action, I/we hereby constitute and appoint Kids In Action llc to be my true & lawful attorney for the purpose of authorizing consultation with the emergency or Family Physician or Dentist for my children.

Parent/ Legal Guardian Signature: _____

I/we grant permission for my child to use all of the play equipment and participate in all activities at Kids In Action llc unless noted here: _____.

I/we grant permission for my child to leave the Kids In Action llc premises under the supervision of all staff members for neighborhood walks and to play at the playground.

I/we grant permission for my child to be included in evacuation and pictures connected with Kids In Action llc.

I/we grant permission for Kids In Action to take whatever steps may be necessary to obtain emergency medical help if needed. These steps may include, but are not limited to the following:

Administer first aid, attempt to contact the child's physician, attempt to contact the parent(s) listed above on emergency contact info. **Please note it is the parent's responsibility to make sure this info is kept up to date at all times. Kids In Action cannot be held responsible for inaccurate information provided by parents.** If we cannot contact a parent or family physician we will do any of the following: call our staff physician, call an ambulance, have the child taken to the hospital in the company of one of our staff, take the child to the hospital using a staff member vehicle, or other program vehicle, any expenses incurred as a result of any of the above will be borne by the child's parent or guardian.

Kid In Action will not be held responsible for anything that happens as a result of false or misleading information given at the time of enrollment.

Kids In Action will not assume responsibility for any child that is not signed in by a parent or legal guardian when he/she arrives for the day. If your child is not signed out you will be charged through 6:00p.m.

Name of Family Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Parent/ Legal Guardian Signature: _____

Transportation Permission Slip

I give Kids In Action llc permission to put my child on the bus provided by All Star Transportation in the morning to go to school.

Parent/ Legal Guardian Signature: _____