

ALTERNATE PICK-UP AUTHORIZATION [The following person(s) are authorized to pick up my child at any time]
Please note that any person picking up that is not immediately recognized will be asked to verify their identity with a Driver's License.

_____	_____	[_____] _____ - _____	_____
[Name]	[Relationship]	[Cell Phone]	[DL Number]
_____	_____	[_____] _____ - _____	_____
[Name]	[Relationship]	[Cell Phone]	[DL Number]

SCHOOL INFORMATION - [If Applicable]

My child attends the following school:

_____	[_____] _____ - _____	_____	
[Name of School]	[Phone]	[Grade]	
_____	_____	_____	_____
[Address]	[City]	[State]	[Zip Code]

Check all that apply:

- My child's Immunization Record and Vision and Hearing screening is current and on file at the school.
- My child has permission to ride the *AstroTots Academy & Daycare* shuttle to and/or from school.
- My child has permission to walk to or from school or home.
- My child has permission to be release to the care of his/her sibling(s) under 18 years old.

CARE INFORMATION

Is your child potty trained? **Yes** or **No***

*If no, they must be potty trained by September 1st to enter the 3 year old classroom.

_____ [Please initial here] I understand that it is my responsibility to provide rash areas and/or powder for *AstroTots Academy & Daycare* staff to apply as needed to my child during diapering.

What languages are spoken at home? _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past twelve [12] months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of.

AUTHORIZATIONS - [Please Initial Statements]

Media Authorization

_____ I **authorize** my child for Media usage at *AstroTots Academy & Daycare*. I understand this includes [but is not limited to] age appropriate internet, tablet, computer software [with teacher’s supervision], music, and occasional age appropriate video and movie program usage. I understand that these activities will be monitored and use on a limited basis each day.

_____ I **do not authorize** my child for Media usage and understand that my child will be directed to other activities that may include [but not limited to] coloring, art, reading, etc.

Photography Authorization

_____ I **authorize** *AstroTots Academy & Daycare* to photograph my child. I understand that such photographs may be used for promotional materials such as brochures, newsletters, and/or the facility website. No last names or specific identifying information will be included in any of the materials. If I do not want any photos on the website for any reason, it will be removed. This can also include classroom decorations and art, end-of-year slideshows, yearbooks and other related items.

_____ I **authorize** *AstroTots Academy & Daycare* to photograph my child for only the following uses:

_____ I **do not authorize** *AstroTots Academy & Daycare* to photograph my child for any reason.

[Signature of Parent or Guardian]

_____/_____/_____
[Date]

Please read & check to give/do not give authorization to *AstroTots Academy & Daycare* on the following:

Transportation: By checking one of the following, I **authorize** / **do not authorize** my child to be transported on the daycare shuttle to/from school, field trips, and in cases of emergencies.

Field Trips: By checking one of the following, I **authorize** / **do not authorize** my child to participate in Field Trips offsite while enrolled.

Water Activities: I give consent for my child to participate in the following Water Activities [check all that apply]:

sprinkler play **splashing/wading pools** **swimming pools** **water table play**

Receipt of written Parent Handbook [Operational Policies]: I have received and read a copy of the Parent Handbook and agree to the policies contained within it.

[Signature of Parent or Guardian]

_____/_____/_____
[Date]