



Statement of Understanding (Please initial each item)

___ I have received the Parent Handbook and acknowledge that IAW child care has met its obligation to inform me of its policies and procedure by providing me with the handbook.

___ I understand that my child may not be released to anyone without prior notification and presentation of a valid photo ID.

___ I understand that IAW Child Care Center cannot withhold a child from a biological parent without legal documentation (i.e court orders, custody papers).

___ I understand IAW does not pro-rate tuition.

___ I understand the IAW child care fee policy.

___ I understand that if I receive public funding, it is my responsibility to maintain my eligibility or the full fee will be assessed.

___ I understand that IAW does not allow its employees to provide care for a Center participant outside of the center (babysitting)

PLEASE INITIAL EACH ITEM THAT PERMISSION IS GIVEN

___ To participate in routine walks.

___ To participate in stroller walks if an infant or toddler.

**VERIFICATION OF PARENT/GAURDIAN REVIEW AND RECIPET OF CENTER POLICES AND PROCEDURES:
(5101:2-12-30, OAC)**

- Licensing information
- Center program information
- Guidance and management policy
- Supervision of Child information
- Food information
- Procedures for emergencies and accidents
- Management of Illness
- Transportation of children
- Swimming policy
- Outdoor play policy
- Parent participation policy
- Evening/Overnight Care information (if applicable)
- Fees, Overtime charges
- Registration, permanent disenrollment information
- Enrollment and health information which is required for admission
- Additional center policies

I have received and reviewed the above information.

Signature: _____

Date: _____



Dear Parents,

In an effort to better communicate with our parents, we will be messaging pertinent information, reminders, alerts, school closings/delays, etc. Please complete this information below and return to the office.

Child's Name: _____

Parent's Name: _____

Phone # to receive messages: _____

Carrier: _____

Parent's Name: _____

Phone # to receive messages: _____

Carrier: _____

Media Release:

_____ I give consent to Knapp Tyme LLC, Imaginations at Work to photograph, film, videotape and possibly use images and recordings of me or my children. These images may be used on our website, social media sites, and company publications (brochures and handouts). At no time will your child's name be used in association with the picture posted.

_____ I give consent ONLY for Tadpoles App, as well as photographs used for assessments and documentation purposes.

_____ I DO NOT give consent to Knapp Tyme LLC, Imaginations at Work to photograph, film, videotape and possibly use images and recordings of me or my children.

Parent Signature: _____ Date: _____



RELEASE FORM

Please complete the following information, if you wish to authorize additional individuals to pick up your child from the Center.

I, _____ authorize the following list of individuals to pick up my Child, _____ from the Center.

Parent's Name (print): _____

Parent's Signature: _____ Date: _____

Please complete the following Information:

These individuals understand they must come into the Center to sign my child in/out. They also understand it will be necessary to show valid photo identification.

NAME RELATIONSHIP TO CHILD

PHONE NUMBER WORK NUMBER

NAME RELATIONSHIP TO CHILD

PHONE NUMBER WORK NUMBER

NAME RELATIONSHIP TO CHILD

PHONE NUMBER WORK NUMBER

NAME RELATIONSHIP TO CHILD

PHONE NUMBER WORK NUMBER