

BEGINNINGS AND BEYOND CHILD CARE AND EARLY LEARNING CENTER

PARENTS RIGHT TO KNOW NOTICE

UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT, AT ANY TIME, THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: Naomi Gosch, 821 Silver Lake Blvd., Suite 103, Dover, DE 19904; Phone: (302) 739-5487. You may also view substantiated complaints and compliance review histories for the past three years by visiting: www.apex01.kids.delaware.gov:7777/occl/

Parent/Guardian's Signature _____ Date: _____

VIDEO/DVD/TELEVISION VIEWING PERMISSION

Children ages 2 and up will have an opportunity to view an educational movie once a week. I give my permission to Beginnings and Beyond to allow my child to view a movie or program incorporated into their curriculum. Movies shown will be age appropriate and will not exceed one hour in length.

Parent/Guardian's Signature _____ Date _____

COMPUTER USAGE PERMISSION FORM

Children over the age of 2 will have the opportunity to occasionally play educational games or view educational content on the computer. Children will be closely supervised to ensure that age appropriate and educational websites are viewed with a teacher present while using the internet. Computer time will not exceed one hour in length.

Parent/Guardian's Signature _____ Date _____

RECEIPT OF PARENT HANDBOOK ACKNOWLEDGEMENT

I certify that I have received information regarding the Center's policies on: daily schedules, positive behavior management, routine and emergency health care, health exclusions, and prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of child abuse and neglect, administration of medication procedures, non-discrimination, developmental and educational goals, complaints, and transportation. (Below, please list all emails you would like a copy of the parent handbook sent to).

Email address: _____
Email address: _____

Parent/Guardian's Signature _____ Date _____

TRANSPORTATION PERMISSION

I give my permission for my child to be transported by a bus service of their choosing during field trips or other outings. This permission slip does not apply to emergency situations. Separate slips will be given with each field trip for permission as well.

The following are any special needs or problems concerning my child which may require special attention during transportation and directions on how to handle the special needs or problems. This information will be carried with the operator of the vehicle (named above).

Parent/Guardian's Signature _____ Date _____