



Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPH AND/OR VIDEOTAPE PERMISSION

_____ Yes, I give my permission to Beginnings and Beyond to photograph and/or videotape my child. I understand that these photos and/or videos will be used only for purposes such as school assignments, displays inside the center and classrooms, children's portfolios, etc. I understand that such photos and/or videos will not be distributed or used to exploit any child.

_____ No, I do not give permission to photograph and/or videotape my child.

PHOTOGRAPH USAGE ON WEBSITE PERMISSION

_____ Yes, I give my permission to Beginnings and Beyond to utilize photographs of my child on their website www.beginnings-beyond.com. I understand that these photographs are for the sole purpose of showing examples of classroom activity, and that the photographs will not be distributed in any other manner or used to exploit any child.

_____ No, I do not give permission to utilize photographs on the website.

BIRTHDAY SNACK AUTHORIZATION FORM

_____ Yes, I will allow my child to participate in the birthday program, where the center will either bake or purchase cupcakes or another goodie for the children when they have a birthday at the center. By signing this form I allow my child to enjoy the goodies with the rest of their class on these special days.

_____ No, I will not allow my child to participate in this program.

Please list any concerns or allergies that may apply to your child in regards to this program:

TODDLER MAT PERMISSION FORM

Once your child transitions into the Toddler room, he/she will be sleeping on a mat. If your child is under 18 months of age, we need your permission for him/her to sleep on a mat daily for his/her rest period per Delacare Licensing Regulations.

_____ Yes, my child is under 18 months of age and has my permission to sleep on a mat for rest time.

_____ No, my child is under 18 months of age and does not have my permission to sleep on a mat for rest time.