

Little Treasures Preschool

Parental Permission & Agreement Form / Release of Liability

Please check box: I give permission I DO NOT give permission for photos of my child to be published in Little Treasures Preschool and/or Colorado Preschool Program publications.

Please check box: I give permission I DO NOT give permission for photos of my child to be published on-line at www.littletreasurespre.com or on Little Treasures Facebook page. I understand no identifying information would be used (no names / no tags). *(We will definitely honor parent preference – don't feel obligated to agree to this if you are uncomfortable with your child's image being on the internet).*

- I acknowledge that I have received a written copy of or have access to an electronic copy of Little Treasures Preschool's Policies and Procedures (found on at www.littletreasurespre.com under "Info for Parents of Accepted Students" / Policies and Procedures).
- I give permission for photographs to be taken of my child by Little Treasures personnel while he/she is attending Little Treasures for scrapbooks, documentation, assessment, and educational purposes.
- I hereby authorize Little Treasures as my agent, to secure medical treatment as is necessary and will, on behalf of said minor, assume and pay all expenses associated with such treatment in the event of accident, illness or other incapacity.
- I understand that Little Treasures personnel cannot administer medications without a form completed by my physician with very specific instructions as to dosage, times of administration, etc... I understand that if my child is on medication, it would be best for me to make arrangements to administer the medication myself.
- I give permission for my child to exit the preschool grounds to go on occasional "walking field trips" around the county/library complex and to the adjoining high school or middle school.
- I will notify Little Treasures if my child is diagnosed with a communicable disease. I understand that my child may not return to school until I bring a signed physician's note indicating it is safe for him/her to return.
- Media Policy: I give permission for my child to occasionally watch educational media (i.e., Scholastic, Sesame Street, nature videos, educational clips from the internet, etc). During day care on Mondays and Fridays, either educational or G-rated movies may be shown for no more than 90 minutes total each day.
- As my child prepares to transition to Kindergarten, and in the interest of greater educational collaboration, I give Little Treasures permission to share my child's photo and assessment results, as well as recommendations with school district personnel (principals and Kindergarten teachers).
- I give permission for my child to be assessed using Teaching Strategies Gold and understand that limited personnel at the district and state level have access to said assessment results, including observational photos and videos that demonstrate my child's progress.

I _____, parent or guardian of _____, hereby release the Director of Little Treasures Preschool, all employees of Little Treasures Preschool, the Board of Directors, North Conejos School District, and the State of Colorado from liability for illness contracted or injury sustained by my child while in the care of Little Treasures Preschool. I acknowledge agreement to each of the statements listed above.

Parent or Guardian Signature: _____ **Today's Date:** _____