

Permissions

Please cross out any you do not consent to:

1. I give permission for Cradle to Crayons to obtain emergency medical care. It is understood that a conscientious effort will be made to locate the parent/guardian or emergency contact before action is taken. If it is not possible to locate anyone we will accept expenses incurred.
2. I give permission for my child to go on short, supervised walks and field trips close to Cradle to Crayons.
3. I give permission for Cradle to Crayons to give any non-prescription medications, to which a physician has given consent, when I request that the Center administer such medications.
4. I give Cradle to Crayons permission to administer prescription medications with written permission.
5. I give permission for my child to be evaluated for the Center's use.
6. I give permission for my child to occasionally watch a video at the Center.
7. I give permission for my one-year-old (in the toddler room) to nap on a 2 inch covered mat.
8. I give permission for my child to participate in holiday celebrations at the center.
9. I give permission for my child to be photographed by the Cradle to Crayons staff for the Center's use.
10. I give my permission for my child's photograph to be used on the Cradle to Crayons website.

Signature

Date

Enrollment days and hours _____
A \$75/\$100 registration fee must accompany this form.