TEXAS Health and Human Services

Form 2935
April 2023

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name:	Director's Name:		
Child's Full Name:	Child's Date of Birth:	Child Lives With? ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian Completing Form:	Address of Parent or Guardian *(if different from the child's)*:		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? ◯ Yes ◯ No
In case of an emergency, call:			
Name of Emergency Contact:	Relationship:	Area Code and Phone No.:	
Address:			

I authorize the child care operation **to release** my child to leave the child care operation **ONLY** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (Check all that apply).

☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. Field Trips:

◯ I give consent for my child to participate in field trips. ◯ I do not give consent for my child to participate in field trips.

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance: ◯ Yes ◯ No If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operation activities
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Child's Special Care Needs (check all that apply)

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations *(past 12 months)*
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment *(include instructions below)*
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? ◯ Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit https://www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian **Date Signed**

School Age Children

My child attends the following school:	School Area Code and Phone No.:

My child has permission to *(check all that apply)*:

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian **Date Signed**

Requirements for Exclusion from Compliance

- ◯ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ◯ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ◯Pass ◯Fail

Signature **Date Signed**

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				◯ Pass ◯ Fail
Left				◯ Pass ◯ Fail

Signature **Date Signed**

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. *(Select **only one** option.)*

- ◯ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
- ◯ A signed and dated copy of a health care professional's statement is attached.
- ◯ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ◯ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If required)

◯Positive ◯Negative Date:

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security

Signatures

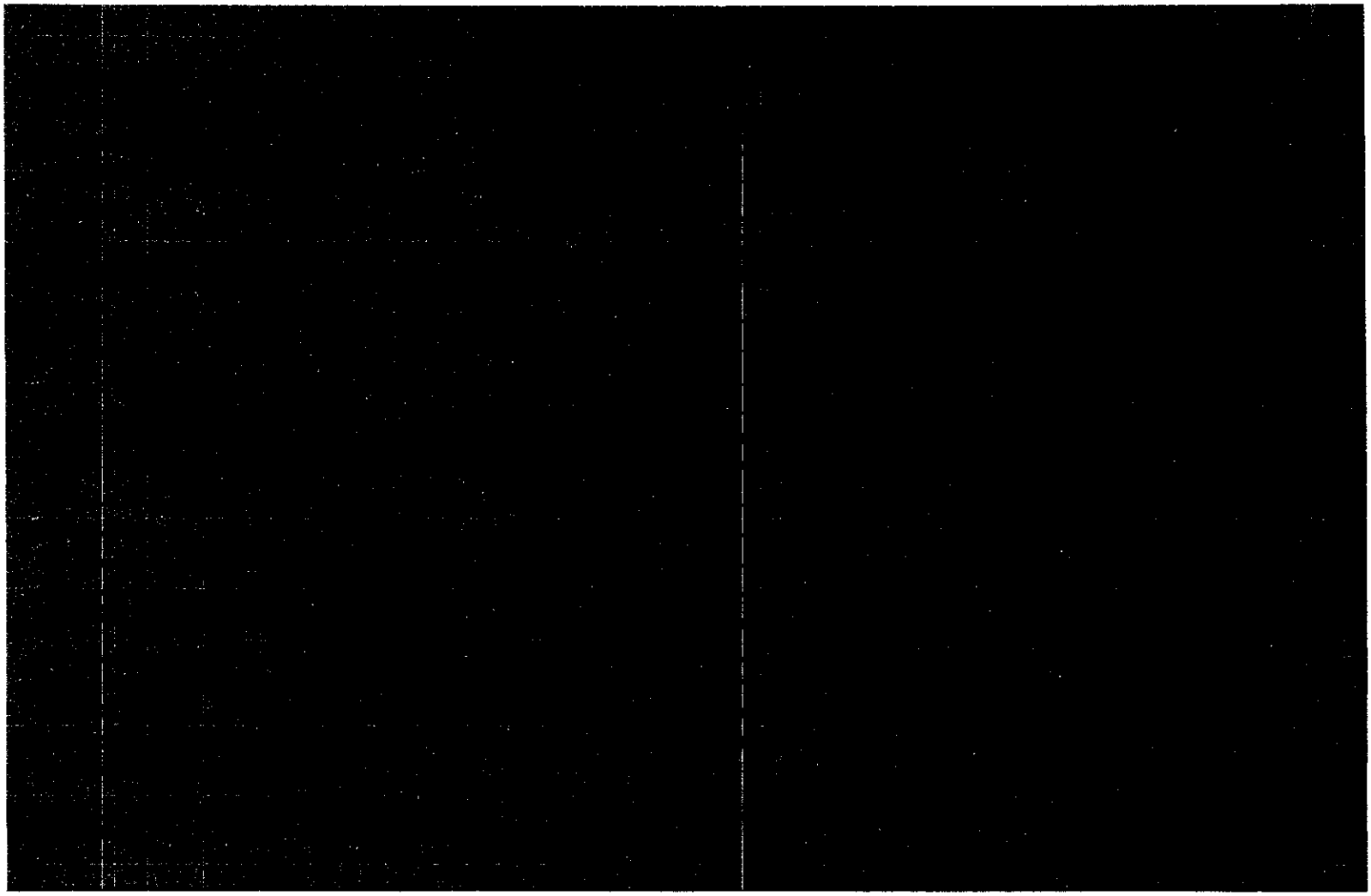
Child's Parent or Legal Guardian **Date Signed**

Center Designee **Date Signed**

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature **Date Signed**



Kiddie Koop Children's Enrichment Center

BABYSITTING POLICY

It has become increasingly important for us to get a written policy concerning staff caring for or babysitting children enrolled at the Kiddie Koop Children's Enrichment Center during their off hours.

While we see this practice as comfortable and beneficial to both Kiddie Koop Children's Enrichment Center staff and parents, we cannot endorse or sanction it in anyway. It is important that everyone understand that we have systems in place (criminal background checks, fingerprinting, health exams, interviews and references, etc.) to screen employees for Kiddie Koop Children's Enrichment Center, Department of Family and Protective Services and our Insurance Company. We do not have, however, any systems of screening home environments or individuals in homes not working for us.

Please sign and date the following for your child/ren's folder.
THANK YOU

I acknowledge that Kiddie Koop Children's Enrichment Center is not responsible or liable under any circumstances for children being cared/babysat for by Kiddie Koop Children's Enrichment Center staff during hours that they are not working for Kiddie Koop Children's Enrichment Center.

Child/ren's Name: _____

Parent's Signature: _____

Date: _____

Kiddie Koop Children's Enrichment Center

CHILD DEVELOPMENT HISTORY

CHILD'S NAME: _____

What best describes your child's speech?
__Normal __Some Baby Talk __Stutters __Other_____

What describes your child's eating habits?
__Hearty Eater __Normal Eater __Fair Eater __Picky Eater

Is your child potty trained?
__Completely Trained __Needs Reminding __Learning to Go Potty

Has she/he been in child care before? __Yes __No Was it a positive experience? If no, please explain:

_____

_____

Please describe your child's behavior with other children:

_____

_____

What is your child fearful of?

_____

_____

Does your child have nightmares? _____

How do you discipline your child? _____

What handles the discipline? _____

How does your child respond to discipline?

_____

_____

How long does your child usually nap? _____

What would make it easier for your child to adjust to school?

_____

_____

IMPORTANT

PLEASE LIST YOUR EMAIL ADDRESS FOR CONTINUED UPDATES AND INFORMATION SO WE MIGHT KEEP YOU INFORMED ABOUT YOUR CHILD'S ACTIVITIES HERE AT KIDDIE KOOP.

(AS ALWAYS, YOUR INFORMATION WILL BE KEPT FOR KIDDIE KOOP USE ONLY).

Child's Name: _____

Mother's email address: _____

Father's email address: _____

KIDDIE KOOP PARENT HANDBOOK ACKNOWLEDGEMENT

I have read the document entitled "Parent Handbook" and have received a copy of the "Family Handbook."

Parent or Legal Guardian's Name (Please Print)

Parent of Legal Guardian's Signature Date

Child's Name/Names (Please Print)

Director's Signature Date

KIDDIE KOOP CHILDREN'S ENRICHMENT CENTER INC.

Child's Name: _____Date of Birth__/__/__ Age_____

Primary Guardian Name:_____

I understand that while my child is enrolled at Kiddie Koop Children's Enrichment Center Inc., the Director may be asked for information regarding my child.

*I hereby give permission to release information to official persons only, such as school, health care personnel, and social service agencies.

Primary Guardian Signature:_____ Date:_____

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*I do not give permission to release information about my child as set forth in the aforementioned statement.

I realize that the Texas Department of Family Protective Services (Child Care Licensing) has access to my child's records as the licensing agent as well as The National Early Childhood Program Accreditation (Accreditation Program) and San Antonio Health Department for Immunization review.
I also realize that Kiddie Koop Children's Enrichment Center Inc. will cooperate with any request by welfare or law enforcement.

Primary Guardian Signature:_____ Date:_____

Kiddie Koop Children's Enrichment Center Parent Orientation

- Parent Handbook
- Recognition of NECPA Accreditation, Texas Rising Star Certification, and School Ready Certification
- Introduction of the Parent News Board (menu, licensing, water samples, Health Department, gang free zone, Fire Marshall, playground times, information on child abuse and neglect and screen time rules)
- Policies on dropping off children and picking them up. Late pick up policy (parent handbook)
- Tour of the facility
- Introduction of our staff and the child's teacher
- Opportunity to come back ad visit for extended time so the child/parent will feel comfortable
- Policies and rules for childcare subsidy parents (swiping in and out and when payment is due)
- Family Support on activities in the community (Brochures, newspapers, etc. Located in the front office)
- Development of children and milestones (parent handbook)
- Parents are informed that the children should be at Kiddie Koop by a certain time to part of the days schedule
- Parents should refrain from cell phone use while dropping and picking up children (parent handbook)
- Statement reflecting the role and influence of families (parent handbook)
- Tuition (parent handbook)
- Parent information: whiteboard when walking into building, notes on sign in sheets, newsletters in children's mailboxes, whiteboards in classrooms, and remind 101
- Policies on sicknesses (parent handbook)
- Rules on bring toys into Kiddie Koop unless it is Show & Tell (parent handbook)
- Emergency preparedness (parent handbook)
- Infant Safe Sleep
- Discipline and Guidance Policy
- Bug Spray/Sunscreen (parent handbook)
- Sprinkler Play (parent handbook)

I have received the parent orientation

Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

TEXAS Health and Human Services

Form 2550
September 2023

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at Kiddie Koop CEC and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

Safe Sleep Policy

All staff, substitute staff, and volunteers at Kiddie Koop CEC will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2427 and 747.2327].
- Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non full-size cribs [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 746.2429 and 747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 746.3407(10) and 747.3203(10)].
- If an infant needs extra warmth, use sleep clothing Footed pajamas (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant's clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2426 and 747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [Sections 746.2427 and 747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2428 and 747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security.

Signatures

This policy is effective on: _____ Child's name: _____

_____ _____
Signature — Director or Owner Date Signed

_____ _____
Signature — Staff member Date Signed

_____ _____
Signature — Parent Date Signed

Kiddie Koop Day Care Center

Receipt of Parent Rights

I acknowledge that I have received a copy of the **Parent Rights Information** provided by Kiddie Koop Child Care Center.

I understand that the document explains my rights as the parent or legal guardian of a child enrolled at the center, including my rights regarding access to the center, my child's records, licensing information, and communication with staff.

I understand that I may ask the Center Director questions regarding these rights at any time.

Child's Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Staff Member Providing the Information: _____

Staff Signature: _____

Date: _____

Kiddie Koop Diaper Cream Permission Slip

Child's Name: _____

Parent/Guardian's Name: _____

Diaper Cream Name: _____

Expiration Date of Diaper Cream: _____

I give permission for Kiddie Koop staff to apply the diaper cream listed above to my child as needed during their time in care.

I understand that the diaper cream must be provided in its original container and must not be expired. I will notify Kiddie Koop of any changes to this authorization.

Parent/Guardian Signature: _____

Date: _____

Kiddie Koop Staff Initials: _____

Kiddie Koop Sunscreen & Bug Spray Permission Slip

Child's Name: _____

Parent/Guardian's Name: _____

Sunscreen

Sunscreen Name: _____

Expiration Date: _____

Bug Spray

Bug Spray Name: _____

Expiration Date: _____

I give permission for Kiddie Koop staff to apply the sunscreen and/or bug spray listed above to my child as needed during their time in care.

I understand that all products must be provided in their original containers, clearly labeled with my child's name, and must not be expired. I will notify Kiddie Koop of any changes to this authorization.

Parent/Guardian Signature: _____

Date: _____

Kiddie Koop Staff Initials: _____

Discipline and Guidance Policy for __Kiddie Koop Children's Enrichment Center

- Discipline must be:
  (1) Individualized and consistent for each child;
  (2) Appropriate to the child's level of understanding; and
  (3) Directed toward teaching the child acceptable behavior and self-control.

- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-direction, which include at least the following:
  (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  (2) Reminding a child of behavior expectations daily by using clear, positive statements
  (3) Redirecting behavior using positive statements; and
  (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to now more than one minute per year of the child's age.

- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  (1) Corporal punishment or threats of corporal punishment;
  (2) Punishment associated with food, napes, or toilet training;
  (3) Pinching, shaking, or biting a child;
  (4) Hitting a child with a hand or instrument;
  (5) Putting anything in or on a child's mouth;
  (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  (7) Subjecting a child to harsh, abusive, or profane language;
  (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
  (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

  Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

  My signature verifies I have read and received a copy of this discipline and guidance policy.

  _____ _____
  Signature Date

  Check one please:
  ___parent ___employee ___household member of child-care home

Kidde Koop Children's Enrichment Center

REGISTRATION FORM

Child's Name: _____

Birthdate: _____

Home Address: _____

(Please include street number, city and zip)

Phone Number: _____

MOTHER'S NAME: _____ DL #: _____

Mother's residence, if different from child:

_____

(Please include street number, city and zip)

Employer: _____ Work Phone: _____

FATHER'S NAME: _____ DL #: _____

Father's residence, if different from child:

_____

(Please include street number, city and zip)

Employer: _____ Work Phone: _____

DOES THIS CHILD HAVE ANY SPECIAL HEALTH NEEDS OR RESTRICTIONS?

_____

ALLERGIES? _____

DOCTOR'S NAME: _____ PHONE: _____

DENTIST: _____ PHONE: _____

Kiddie Koop Children's Enrichment Center

FINANCIAL AGREEMENT

BETWEEN

KIDDIE KOOP CHILDREN'S ENRICHMENT CENTER

AND

_____

(PARENT'S NAME)

In enrolling my child/ren _____.

- I understand that tuition is due in the amount of $ _____;
- I understand that I am paying for my child's place at Kiddie Koop Children's Enrichment Center, and that tuition is due regardless of attendance. If my child is absent for any reason, I agree to pay the full amount or withdraw my child from the center;
- I understand that payment is due in ADVANCE;
- I understand that the center closes at 6:30 p.m. and that the late charge is $10.00 after hour fee for every five minutes you are late (per child). This fee is payable to the teacher on duty with cash;
- I understand that there is a $35.00 fee on all returned checks. After two returned checks, I understand that I will require to pay by cash or money order;
- I understand that a late chard of $20.00 will be posted to my account if payment has not been made by Wednesday of each week;
- I understand that if payment has not been made by Friday that my child WILL NOT be able to return the following Monday.

_____ _____

PARENT'S SIGNATURE DATE

Kiddie Koop Children's Enrichment Center

ENROLLMENT AGREEMENT

I agree to enroll my child/ren in Kiddie Koop Children's Enrichment Center. I have read the Parent Handbook and I understand the policies of the center. Any questions I have about the center have been answered to my satisfaction. I agree to comply with all center policies.

PARENT SIGNATURE _____ DATE _____

I agree to give Kiddie Koop Children's Enrichment Center a two week notice if I decide to withdraw my child from the program. I understand that any tuition I have paid is not refundable if I decide to withdraw my child earlier than specified.

PARENT SIGNATURE _____ DATE _____

I agree to sign my child in and out each day when she/he is present. I understand that I must have my child to Kiddie Koop Children's Enrichment Center by 10:00am. I understand that if I am late picking up my child, I will be charged $10.00 for every five minutes (per child). This fee is payable with cash to the teacher on duty.

PARENT SIGNATURE _____ DATE _____

If I am receiving childcare assistance from CCS, I agree to notify the center when my child will be absent. I understand that only a certain amount of days can be missed each CCS year. I also understand that I must swipe my child IN every day. I understand that payment is due by the 3rd of each month or Kiddie Koop Children's Enrichment Center will notify CCS. I also understand that I am responsible for overtime, late charges and fieldtrip charges.

PARENT SIGNATURE _____ DATE _____

I understand that occasionally my child will be photographed. These photos are for use inside the center for bulletin boards and other class projects. There may also be other occasions that my child may photographed by television or newspaper crews or by a photography studio. I give permission for my child to be photographed.

PARENT SIGNATURE _____ DATE _____

I understand that if I bring bug spray or sunblock that I will have to sign a permission slip and It will have my child's name on the bottle. I also understand that Kiddie Koop sometimes plays in the sprinkler or water sensory tubs and I give my permission to allow my child to participate.

PARENT SIGNATURE

DATE