

## Parent Acknowledgment and Consent Form

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Centers:

- A Purposeful Place (APP)
- Prestigious Preschool and Childcare of the Arts (PPCA)
- The Leading Legacy Academy (LLA)

Child(ren) Name(s): \_\_\_\_\_

Child(ren) DOB: \_\_\_\_\_

Child(ren) Enrollment Date: \_\_\_\_\_

I, \_\_\_\_\_, have read and received the following documents:

(Initial below):

\_\_\_ Discipline Policy

\_\_\_ Infant Feeding Plan - (For ages 15 months or less)

\_\_\_ Safe Sleep Policy - (For infants only)

\_\_\_ Infant Visual Check Chart - (For infants only)

\_\_\_ Summary of Child Care Law

\_\_\_ Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies

\_\_\_ Notification of Smoking and Tobacco Restriction

\_\_\_ A Purposeful Place Center Operational Policy

\_\_\_ Medication Authorization - (I hereby give A Purposeful Place (APP), Prestigious Preschool and Childcare

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of the Arts (PPCA), and/or The Leading Legacy Academy (LLA) staff permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.)

\_\_\_ Confidentiality Statement - (I hereby understand that personal information that we gain and have access to as your childcare provider will be kept confidential. We will respect all families' right to privacy, and staff will not copy or distribute children's medical records or developmental information until family consent has been obtained.)

\_\_\_ Parent Handbook Acknowledgment - I have received and agree to the terms outlined in the Parent Handbook.

\_\_\_ Photo/Media Release - I give permission for my child's photo to be used for classroom displays, newsletters, and social media, unless otherwise noted in writing.

\_\_\_ Contact & Emergency Info Acknowledgment - I confirm that my contact and emergency information on file is current and accurate.

Optional Notes:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature (Receiving): \_\_\_\_\_ Date: \_\_\_\_\_