



A Celebration of Children

EMERGENCY RELEASE FORM

Dear Parents,

Please read and sign this agreement on our school policies.

I hereby agree to comply with the rules and regulations of the Child Development and Learning Center regarding registration and tuition, attendance, health, vacation, sick days, carpooling and other items specified in the Parent Policies Handbook received at the time of orientation.

I understand that CDLC is not responsible for any loss, theft or damage to any personal property (clothing, books, toys, etc) brought by my child to the center.

I hereby agree to notify the school two weeks in advance of withdrawal, should such event occur, or pay the difference. If my child is enrolled as of April 1st I understand that I am responsible for tuition for the remainder of the school year.

I hereby grant permission for my child to use:

- 1) all of the play equipment and participate in all of the activities of the school.
- 2) leave the school premises under the supervision of a staff member for neighborhood walks on the Ridges campus.
- 3) be included in group and individual pictures connected with the school program.
- 4) hand sanitizer when soap and water is not convenient.

I hereby grant permission for the school to release my address, phone number and e-mail address to other C.D.L.C. parents for purposes of birthday parties, social invitations and carpooling.

I understand that CDLC is a training resource to the metro community. I hereby grant permission for my child to participate in activities led by students, supervised by CDLC teachers.

I hereby grant permission for a CDLC staff member to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact the parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the registration form you completed.
4. If we cannot contact you or your child's physician we will call another physician, call an ambulance, or have the child taken to Fairview Ridges Emergency in the company of a staff member.
5. Any expenses incurred under #4, above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school will not assume responsibility for a child who has not been delivered to a staff member when he/she arrives for the day.

Child's Name _____

This form must be signed by a parent or legal guardian!

Signature _____ Date _____