

**Ark Child Development Center Parent Handbook,**  
**Permission to Participate in Activities and ASQ-3**

Child's Name: \_\_\_\_\_

\_\_\_\_\_ I acknowledge that I have read and understand the 2020-2021 Parent Handbook and the Discipline  
Initial Policy (page 11) of the Ark Child Development Center

- I hereby grant permission for my child to use the play equipment and participate in all of the activities of the Ark Child Development Center.
- I hereby grant permission for sunscreen to be used while outdoors, and/or hand lotion if required on my child. The Ark requests that these products be supplied for your child by you (they will be marked with the child's name, and be used only on your child).
- I hereby grant permission for my child to leave the Ark Child Development Center premises under supervision of an Ark staff member for neighborhood walks or for field trips in an authorized vehicle.
- I hereby grant permission for my child to be included in evaluations.
- I hereby grant permission for the Ark to take and use my child's picture in conjunction with the Ark Child Development Center. The Ark occasionally puts photos from the school in the Church paper, and our brochures or literature. Members of the staff may use the photos in training presentations, and/or the Los Alamos Monitor may come to take pictures for the paper. I give my permission for my child's picture to be used for these outside of the Ark purposes. We will continue to take and share these pictures within the Ark family.

Printed Name: \_\_\_\_\_ Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother/Legal Guardian

Printed Name: \_\_\_\_\_ Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Father/Legal Guardian



I give my permission for my child \_\_\_\_\_

Emergency Medical Transportation \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Medical Treatment \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of doctor and/or preferred medical facility \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Guardian name \_\_\_\_\_

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



Your child's first five years of life are so important, to help provide the best start for your child, we utilize a screening and monitoring program. As part of this service, we provide the Ages & Stages Questionnaires, Third Edition (ASQ-3), to help you keep track of your child's development. A questionnaire will be provided every 2-, 4-, or 6-month period. You will be asked to answer questions about some things your child can and cannot do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills.

If the questionnaire shows that your child is developing without concerns, we will provide some activities designed for use with ASQ-3 to encourage your child's development and will provide the next questionnaire at the appropriate time.

If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment for your child. Information will only be shared with other agencies with your written consent.

We look forward to your participation in our program.

#### Consent Form

The first five years of life are very important for your child because this time sets the stage for success in school and later in life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and indicate whether you will participate in the screening/monitoring program.

\_\_\_\_\_ I have read the information provided about Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.

\_\_\_\_\_ I do not wish to participate in the screening/monitoring program. I have read the information provided about Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and understand the purpose of this program.

\_\_\_\_\_  
Parent or Guardian's Printed Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Primary Physician

If child was born 3 or more weeks prematurely, number of weeks premature: \_\_\_\_\_