

Ark Child Development Center
Parental Agreement Form

Child's Name: _____ Class: _____

- 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.
- The Ark will not be responsible for anything that may happen as a result of false or incorrect information given at the time of enrollment.
- 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 staff evaluations.
- I hereby grant permission for the Ark to take and use my child's picture in conjunction with the Ark Child Development Center. Members of the staff may use photos in the classroom, their portfolios, and in training presentations. The Ark occasionally puts photos from the center in the church newsletter, our brochures, literature, website and the local newspaper.

_____ Yes, I give my permission for my child's picture to be used for these purposes.
Initial



I hereby grant permission for my child _____ in the _____ class to have the Ark Director and/or designated staff take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to
1) attempt to contact a parent or guardian; 2) attempt to contact the child's physician;
3) attempt to contact you through any of the persons listed on the emergency information form;

4) If we cannot contact you or your child's physician, we will do any or all of the following: call another physician or paramedic, call an ambulance, and/or have the child taken to an emergency hospital in the company of an Ark staff member; 5) any expenses incurred by these efforts will be borne by the child's family.

Emergency Medical Transportation _____ Yes _____ No



Emergency Medical Treatment _____ Yes _____ No

Name of doctor and/or preferred medical facility _____

Doctor Phone #: (_____) _____ Medical Conditions: _____

Allergies: _____

Printed Name: _____ Signed Name: _____ Date: _____
Mother/Legal Guardian

Printed Name: _____ Signed Name: _____ Date: _____
Father/Legal Guardian



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 Class

Child's Primary Physician

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