



HASTINGS FAMILY YMCA

PRESCHOOL PERMISSION FORM

Please fill out the following information and bring it with you to Preschool Orientation Night.

Picture Taking

From time to time there are events at the YMCA in which we would like to take pictures. Such pictures are taken either in a group setting or individually, in a variety of situations: birthday, Christmas, outdoor play, last day of school, etc... These pictures may be taken with a still camera or a video camera. Children love to see pictures of themselves or watch themselves on TV.

These pictures would be used as part of the YMCA childcare special projects, and/or the Hastings Family YMCA advertising materials such as newspaper ads, social media outlets (including but not limited to facebook, twitter and Instagram), billboards or other YMCA publications. If you would like your child to be included when we take pictures, please give your permission by signing below.

I give permission for the staff of the YMCA childcare to take photographs or video of my child, _____, while attending YMCA childcare programming as discussed in the above statement.

Parent/Guardian Signature: _____ Date: _____

Class Roster

We will be compiling a roster for each of the preschool classes. In the past parents have requested such a list for various reasons such as: finding playdates for their child, finding another parent to carpool with, learning names of children in class with their child, etc... Our lists will contain the following information:

- Child's Name
- Parent's Name
- Address
- Phone

If you would like your child to appear on his/her class list to be handed out to parents of children in their class please sign below.

I give permission for the YMCA Childcare to include my child, _____, on the class list as stated above.

Parent Signature: _____ Date: _____

Child Permission Form

I give permission for my child to swim in the YMCA's Swimming Pool. For the purpose of swim lessons (preschool) and fun swims.

For this I am aware my child will be in 3.5-5ft of water, with a certified water safety instructor.

_____ YES _____ NO

Parent/Guardian Signature _____ Date _____

Transportation

I give permission for the YMCA Childcare Staff to transport my child on field trips.

_____ YES _____ NO

I understand that the YMCA Childcare Staff is required by Nebraska Law when transporting to ensure that children up to age 8 (regardless of weight) be correctly secured in a federally approved child safety seat. If my child fits this description I will provide our car seat when and if necessary for any scheduled outings. All children ages 8 years and above shall be secured in a safety belt or federally approved child safety restraints.

My signature indicates I accept the terms of the above paragraphs.

Parent/Guardian Signature _____ Date _____

Medical

I give permission for the YMCA Childcare Staff to apply sunscreen to my child when playing outdoors. If no, please provide your own sunscreen. _____ YES _____ NO

I give permission for the YMCA Childcare Staff to apply bug spray to my child when playing outdoors. If no, please provide your own bug spray. _____ YES _____ NO

I give permission for the YMCA Childcare Staff to administer minor First Aid. _____ YES
_____ NO

I will provide current Immunization Records for my child. _____ YES _____ NO

Parent/Guardian Signature _____ Date _____

Child's Name: _____

Walking

From time to time we will be walking over to Libb's park. I give permission for my child to walk to Libb's park while attending the program. _____YES _____NO

Parent/Guardian Signature_____ Date_____

Nap Time:

At the Hastings Family YMCA Extended Care, we offer a quiet rest time and/or nap time. This is not a time that all children are required to take a nap, but we do ask that they lay down for a little bit to rest. Please indicate below if you would like to have your child nap or just rest for a bit.

_____ YES NAP _____ NO NAP

Parent Signature_____ Date_____

Pre-Care and Post-Care

I am in need of pre and/or post care for my child. Pre and Post care means that I am needing care before class starts and up until 12:10pm. I will pay a monthly fee, which will be added to my tuition payment.

_____YES _____NO

Parent Signature_____ Date_____

Birthday

During the process of setting up the classroom, one of the things we like to do is put up the child's birthdays in the classroom. This consists of a picture of your child holding the date of their birthday and then hung up under the right month. Years are not included or ages.

_____ Yes, I give permission for my child's birthday to be hung in the classroom

_____ No, I don't give permission for my child's birthday to be hung in the classroom

File Review

I give permission for my child's file to be reviewed by the State Licensing Authorities during the record review and during the Step-Up to Quality Rating Review.

___Yes _____No

Parent Signature_____ Date_____