



EARLY CHILDHOOD EDUCATION AUTHORIZATION FORM

Please complete a separate form for each child.

Please check "grant" or "deny" where appropriate and sign bottom of form.

Child's Name: _____ Grade: _____

Developmental Goals

- We have received and read the Early Childhood Education Developmental Goals Manual for the Hillel Day School of Boca Raton.

Photo Authorization

With this note I hereby

____ Grant Hillel Day School of Boca Raton the authorization

____ Deny Hillel Day School of Boca Raton the authorization

to use my child's photo for press releases and publications for the 2011-12 school year.

Field Trip Authorization

With this notice I hereby

___ Grant my permission

___ Deny my permission

for my child to travel on any school related field trip as a member of the Hillel Day School of Boca Raton for the 2011-12 school year.

Topical Lotion Authorization

Physical barrier lotions, ointments and creams such as sunscreen, insect repellent, and diaper ointments are generally not medication. The Florida Department of Health requires that all parents sign a consent form authorizing the above-mentioned lotions.

I hereby authorize the staff of the Hillel Day School to administer such lotions at the appropriate times.

Receipt of Rules and Policies

1. Article XV, B, 7, a, PBC Rules requires that parents must receive a copy of the Child Care Facility brochure, *Know Your Child's Day Care Center*. I have received a copy of the Child Care Facility brochure, *Know Your Child's Day Care Center*.
2. Article, C, 5 PBC Rules requires that parents be notified in writing of the disciplinary practices used by the childcare facility. I have received in writing the disciplinary practices used by the childcare facility.
3. Article XIII, B, 1 PBC Rules requires the parents complete an Authorization For Emergency Medical Care in the event of serious illness or accident and if the parents cannot be reached.
4. Article XII, B, PBC Rules requires the parent and the center complete Alternate Nutrition Plan Agreement if the meals or snacks are furnished by the child's parents. Alternate Nutrition Plan Agreement:
Indicate Special Dietary Requirements _____
5. I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs (mark P for parent or C for center):

Breakfast

A.M. snack

Noon Meal

P.M. Snack

P

C

P

P

Hillel Day School of Boca Raton agrees to provide the parent with suggested meal patterns and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Signature of Parent

Date

Signature of Owner Operator

Date