



TRANSPORTATION RELEASE FORM

I, _____, give my permission for
(parent/guardian)

(student/s names)

to be passenger/s in any vehicle driven by any staff member and/or volunteer of Church Hill Activities and Tutoring. I release Church Hill Activities and Tutoring and their Board of Directors, and their employees from any liability with the transportation of the student/s listed above.

Parent/guardian signature

Date



PARENT CONTRACT for Tiny Tykes Preschool Program

Church Hill Activities and Tutoring provides the Tiny Tykes program as a service to the community. Our goal is to become partners with parents to help their children become all that they can be in life. It is a challenging task to help a young person grow into a well-educated, responsible, and respectful adult, but the collaboration of many caring adults in a child's life can help foster the success of this process.

To ensure an effective partnership, Tiny Tykes staff has specific expectations for the parents.

EXPECTATIONS:

We ask that you:

- Demonstrate an attitude of respect and partnership toward the CHAT staff and mentors.
- Encourage your children to show respect to the staff and mentors.
- Reinforce with your children CHAT's behavioral rules and expectations as well as provide support for disciplinary actions.

One child consistently not following program rules could compromise the rest of the children's learning opportunity. Therefore, if parents are called 5 times due to a child's unwillingness to adhere to rules, after the 5th call the child will take a week off from participating in the program. Then, there must be a parent/staff conference to put a plan in place to foster that child's success before returning. If a child is released multiple weeks, he will unfortunately be permanently released from the program.

- Encourage your children to consistently attend the Tiny Tykes program. Continual failure to participate in the program will result in suspension and/or expulsion from the program.
- You must be available for your children to be released to you on time, or provide a responsible adult in advance as an alternative arrangement. If your child is sent home early because of sickness or poor behavior, you must either be available for your child or have an alternative arrangement in place.

I understand that failure to adhere to the expectations listed above could result in my children permanently losing their place in the Tiny Tykes program.

Staff Signature/Date

Parent Signature/Date



LIABILITY RELEASE AND MEDICAL CONSENT

In consideration for the opportunity for my child to participate in the activities of Church Hill Activities and Tutoring, I hereby recognize and assume responsibility for the risks involved in my child's participation in outdoor physical activity, transportation by car, bus, van or other means, and all other activities described in the attached, and release, forever discharge, and agree to hold harmless Church Hill Activities and Tutoring, its directors, employees, agents, volunteers, independent contractors, assignees, representatives and their successors in interest from any and all liability, claims or demands resulting from personal injury, property damage, sickness, death or any other cause I or my child may have as a result of my or my child's participation in CHAT's program and activities. I further agree to hold harmless and indemnify CHAT from any liability, actions claims, or demands resulting in any way from acts or omissions of myself or my child.

I further consent to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may be required, and authorize a CHAT representative to provide consent for such first aid, doctor's care, or other medical treatment on my child's behalf. I agree to hold harmless and indemnify CHAT from any acts of negligence, malfeasance, and/or failure to act on the part of those chosen to administer medical care for my child.

I have read and understood the Liability Release and Medical Consent and the attached, and agree to all the terms herein.

CHAT Participant: _____
(signature) (print name) (date)

Parent/Guardian: _____
(signature) (print name) (date)

Home Phone: _____ Work Phone: _____

Child's Name _____

Child's Date of Birth: _____

Child's Allergies (if any) _____

Child's Pediatrician; Dr. _____ Telephone Number _____

Family Dr. _____ Telephone Number _____

Medicines Child is Taking: _____

Last Tetanus Shot: _____

Outstanding Medical History (example: Diabetes, Heart Disease, etc.):

Preferred hospital when and if available: _____

Insurance Information:

Insurance Company: _____

Identification/Policy Number/Group Number: _____

Subscriber's Name: _____

Subscriber's Place of Employment and Phone Number: _____



RELEASE FOR PUBLICITY PURPOSES

(Radio, TV, Newspaper, Magazine, Web Page, Personal Appearance or Other)

I, _____ hereby give my permission for
(parent/guardian)

(student/s name)

to be included in publicity for Church Hill Activities and Tutoring. I agree to participate in the following:

(Check all that apply)

- Photography
- Videotape
- Audiotape
- Written Article
- In-person presentation
- Web page
- Other (specify)

Church Hill Activities and Tutoring has my permission to use photographed, videotaped, audiotaped or written material or in-person presentation in the following specified ways: General CHAT purposes, i.e. web-page, fundraising and publicity.

Signed: _____ Relationship: _____ Self
_____ Parent
_____ Other

Date: _____

Tiny Tykes Preschool also has my permission to release my name, phone number, address and email in a school directory, published only for those attending the Tiny Tykes Program.

Signed: _____ Date: _____



Family Information and Emergency Contacts

Child's Full Name _____ Date of Birth _____

Nickname(s) _____

Address _____

ALLERGIES _____

Does your child have an epi-pen? _____ If yes, please provide us with an epi-pen to keep in the classroom (required by law).

Does your child have Athsma? _____ If yes, please provide us with a prescribed inhaler or nebulizer if needed. (required by law).

Mother's/Guardian Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Employer _____

Home Address _____

Father's/Guardian Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Employer _____

Home Address _____

Child's Physician _____

Phone Number _____

Persons authorized to pick up my child (after school, carpool, etc.). Please list name and number:

1) _____ 2) _____ 3) _____

Persons **not authorized** to pick up my child _____

Emergency Contacts (list 2 please) Names and phone numbers of people authorized to pick up child in case of emergency when parent/guardian cannot be reached:

Name _____ Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Relationship to child _____ Relationship to child _____