

PERMISSION AGREEMENT FORM
SAINT AMBROSE OF WOODBURY
EARLY CHILDHOOD EDUCATION CENTER

4125 Woodbury Dr.
Woodbury, MN 55129
(651) 768-3031

1. I agree to allow my child to play on all equipment, inside and outside and participate in all activities while at the Early Childhood Education Center. I understand that my child will be in the presence of a staff member at all times.
2. I agree to allow my child to take walks around the Saint Ambrose property, while under constant staff supervision.
3. I agree to allow access to my child's file and all its contents (health, emergency, medical, contacts, etc.) to the ECEC staff and administration, as well as state officials, student teachers, licensing personnel, and the program Health Consultant. I also agree to allow state officials, student teachers, and licensing personnel to observe my child for educational or official purposes.
4. I agree to allow my child to be photographed / video taped while at the ECEC as he/she is involved in the daily activities, fieldtrips, parties, etc. I understand these photos/videos will be for classroom / center use, family events, conference purposes, and for brochures, or on the website. I understand that I will need to complete, sign and date the appropriate forms for this to happen.
5. I agree to allow pictures of my child, along with other children, to be sent to me via the communication app.
6. I agree to allow my child's name, home phone number and email to be printed on a class directory and to be distributed to the other families in the program. This information may be used by families to arrange play dates, for birthday invites, Valentines, etc. I understand that I can request that my child not be in a class directory, simply by indicating as such on the form that needs to be completed by the family.
7. I agree to allow my child to participate in checking out books from the ECEC lending library. I understand that I am responsible for returning the book to the ECEC Lending Library. I take full responsibility for any damage and/or missing pieces and I agree to replace the item for the purchase price of the book if it is damaged or lost while in our possession.
8. I allow assessment information to be shared with the Saint Ambrose Kindergarten teachers – **ONLY** if my child will be attending the Saint Ambrose K – 8 school in the upcoming school year. I also allow my email and address to be shared with the Saint Ambrose K – 8 school for the purpose of building-wide communications and Kindergarten events and news.
9. I agree to allow the ECEC, the director, assistant director, or teaching staff to obtain emergency medical care if necessary. I understand the following steps may be taken in an emergency situation:
 - An attempt will be made to contact the parent(s)/guardian(s).
 - An attempt may be made to contact my child's physician.
 - Persons on the Emergency Information Card may be called, if a parent or guardian is not available or can't be reached.
 - If a parent/guardian or the child's physician can't be reached, the following steps may be taken to obtain help:
 - Call another physician.
 - Call an ambulance.
 - Child will be taken to an emergency hospital with a staff member.
 - All expenses incurred due to emergency care steps will be the responsibility of each individual family.
10. I agree to provide accurate and correct information on all the forms. I understand the ECEC will not be responsible for any false or incorrect information given at the time of enrollment.
11. I agree to notify the center if I enroll my child in any extra-curricular activities offered through the center such as Soccer Shots or Dancercise.
12. I agree to SIGN-IN AND SIGN-OUT my child, with my full legal signature, every day that they are in attendance at the ECEC.

Parent(s)/Guardian(s) Signature: _____

Date: _____