

Child's Name: _____

Child's Date of Birth: _____

School: _____

	Permission Contract for the 25-26 school year	Check
Release of Information	I authorize the Poudre School District Early Childhood Education Program to release information to Partnering Community agencies/providers, contracted service providers, and to providers identified by the parent/guardian.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Specific Information Shared	I understand that following PSD policy, I will need to complete a records release form every time I want to access copies of my child's records.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Field Trips	I understand that my child will ride a Poudre School District bus when they go on supervised field trips as part of the program. Permission slips must be signed for each trip for my child to be able to participate.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Sunscreen/Hand Lotion	I understand that sunscreen and lotion may be used on my child and in classroom activities. Product information for classroom sunscreen is available in the classroom.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Telephone Contact	I give my permission for the program staff to give my telephone number to another parent for the purpose of program/classroom events and parent involvement only.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Media	I give permission to publish my student's photo, video and/or name in print and/or electronic media. (Additional form to be completed if disagree.)	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Fluoride Screening	I give permission for my child to receive a fluoride varnish application during the dental screening process.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Emergency Medical Care	In an emergency the Poudre School District Early Childhood Education Program will call 911 and access medical assistance for my child. I understand that all reasonable attempts will be made to contact myself and/or my emergency contacts. In the case that I cannot be reached, I give permission for Poudre School District Early Childhood Education Program to arrange emergency medical care for my child.	Initial _____
Data Collection	I understand that the Poudre School District Early Childhood Education Program collects non-identifiable statistical information to be used for documentation, Program Information Report, and funding purposes.	Initial _____
Home Visits and Conferences	I understand that there will be six home visits (for Head Start funded families) and Parent/Teacher Conferences (for all families) during the school year. Home visits and/or teacher conferences may include support from Teacher & Education, Health and Family Mentor staff. If I am unable to make a scheduled visit, I must reschedule. I understand that lack of attendance at home visits will lead to a review of my child's enrollment and may lead to disenrollment.	Initial _____
Quality Assurance	I understand that there may be a supervisor who comes into my home during a scheduled home visit with one of the staff members mentioned above for the purpose of quality assurance.	Initial _____
Screenings	I understand that my child will be screened throughout the school year for the purpose of assessment in vision, hearing, dental, speech, growth and developmental needs.	Initial _____
Poudre School District Cumulative File	I understand that if my child is enrolled in a Poudre School District Early Childhood Education Program my child's records will be transferred to his/her Poudre School District cumulative file.	Initial _____
Custody and Court Order	I understand that I must provide Custody and Court Orders that pertain to my child to the Early Childhood Education Program for the school to be aware of and follow special instructions.	Initial _____
Mental Health	I understand that mental health support and/or consultation can be provided.	Initial _____
Preschool Attendance Area	I understand that for my child to attend preschool in the Poudre School District our permanent home address must be in the Poudre School District boundaries. I verify that I have provided my child's actual home address.	Initial _____
Attendance Policy	I understand that if my child is enrolled in the Poudre School District Early Childhood Education Program my child will be subject to the program's attendance policy. I understand that attendance issues will lead to a review of my child's enrollment and possible disenrollment. I understand that this is not drop-in care.	Initial _____
Policies & Procedures	I acknowledge the PSD Early Childhood policies and procedures can be accessed: https://www.psdschools.org/programs-services/early-childhood-education . I agree to follow, accept the conditions of, and give authorization and approval for the activities described in the PSD EC policies and procedures. Printed copies are available upon request.	Initial _____

Parent/Guardian Signature
Handwritten or digital signature only

Print Name

Today's Date