Student Name(s)

1. PHOTOGRAPHS/VIDEO: Occasionally children at the center are photographed or videotaped. These photographs/videos may appear in the classroom, on bulletin boards, in the newspapers, in slide presentations, or on the news. I give the CLCCC permission to have my child(ren) photographed and/or videotaped. ❒ Yes ❒ No
2. REST TIME AGREEMENT: During Nap Time my child will rest in his/her classroom. My child will sleep:

❒ in a crib (name of child(ren)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ on a cot (name of child(ren)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during nap time. Parents will provide a blanket for comfort. The children will be well supervised during this time according to NYS Child Day Care regulations.

1. FIELD TRIPS: I give the CLCCC permission to take my child on field trips. I will be notified accordingly. ❒ Yes ❒ No
2. AUTHORIZED PERSONS: Please indicate below all persons who will be authorized to pick up your child. Your child will be released only to persons named on this contract. Only with written permission from you will we be able to release your child to another adult not listed below. Be sure to include emergency contacts. Authorized persons may be required to produce identification when picking up your child.

## Name of Authorized Person Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian Signature*