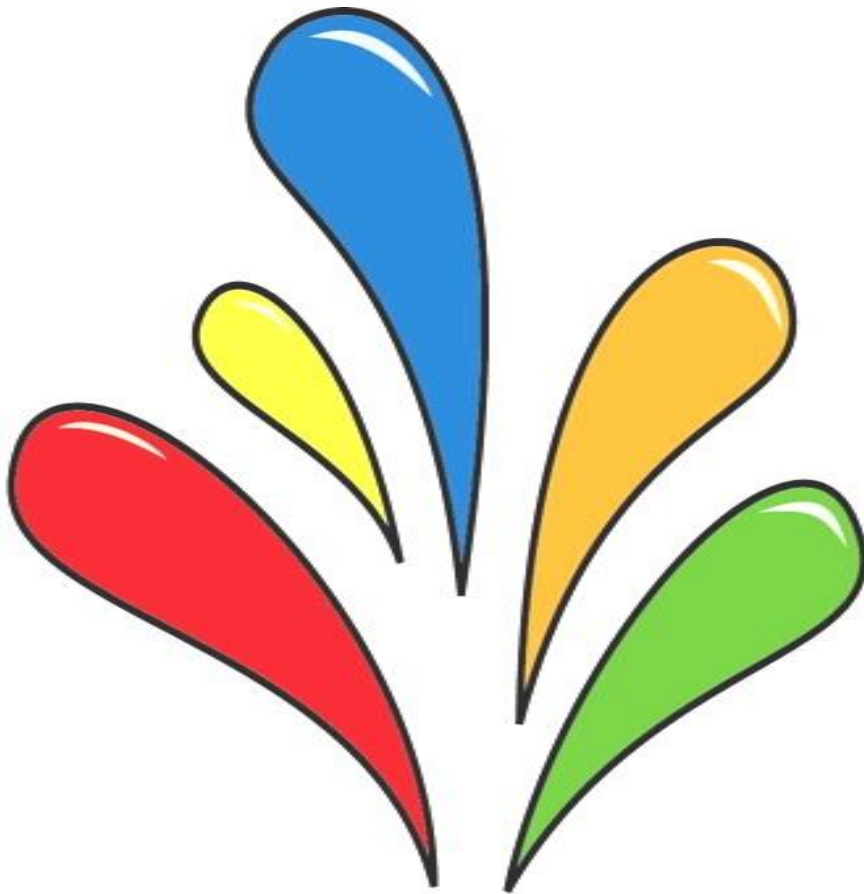


Springs of Life Preschool Program

ENROLLMENT PACKET

ADDENDUM

2019



Springs *of* **Life**
CHILDREN'S CENTER

**SPRINGS OF LIFE CHILDREN'S CENTER
PARENT HANDBOOK SIGNATURE PAGE & PERMISSION FORMS**

Child(ren)'s Name(s): _____

Parent/Guardian's Name(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please read carefully and initial each of the following statements:

_____ I have read and agree to the terms laid out in the Springs of Life Parent Handbook

_____ I have read SLCC's television and video policy and give permission for my child to watch director approved videos

_____ I authorize the staff of SLCC to take photos of my child(ren), and release images to be used by SLCC for any and all classroom and marketing purposes

_____ I authorize the staff of SLCC to set up my child(ren) to take a nap on an approved cot during nap time

_____ I authorize the staff of SLCC to apply provided sunscreen to my child(ren) for outdoor activities. In the event that my child(ren) run out of sunscreen that I have provided, I authorize SLCC to use any brand name provide by the children's center

_____ I authorize the staff of SLCC to apply provided topical preparations on my child(ren)'s healthy skin. Items may include (but are not limited to) diaper rash cream, lotion, baby powder, and other state approved topical remedy ointments

Signature of Parent/Guardian

Date