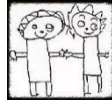


For Office Use Only

Date of Enrollment: \_\_\_\_\_

Date of Exit: \_\_\_\_\_



## Trinity Children's Center Parental Permission Form

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*Please write your initials to indicate either "Yes" or "No" for each of the consent releases below:**

1. I give my permission for my child to be photographed or videotaped for media events, publication, or educational purposes. I understand that names will never be given unless we get special permission from you.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. I give permission to TCC to publicly post my child's name and photo in all classrooms & kitchen, along with any major allergens, food and drink sensitivities, special diets, and health conditions.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. I give my permission to have my name, email address, and phone number printed on a class list which can be distributed to parents in my child's classroom.

Yes \_\_\_\_\_ No \_\_\_\_\_ \*\*\* if partial permission please list here: \_\_\_\_\_

4. I give my permission for the TCC Administration to access my child's immunization records through the State of Vermont Immunization Registry.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. I give my permission to receive text messages regarding school closures and/or any other important, time sensitive school-wide information. These messages will be sent using a toll-free number or local vanity number authorized by Trinity Children's Center.

Yes \_\_\_\_\_ No \_\_\_\_\_

6. I give my permission for my child to attend field trips and excursions with a one week's notice and under proper supervision to locations within a 2 mile radius of Trinity Children's Center using only the following modes of transportation: walking, College Street Shuttle, UVM bus.

\*As a result of our emergent curriculum, below is an opportunity for parents/guardians to give consent for spontaneous (unplanned prior to that day) field trips using the above-mentioned modes of transportation (UVM bus, College Street Shuttle, walking) within the above-mentioned radius of travel (2 miles). Through this emergent curriculum and individual/group interests we are asking that parents choose (or not) to give consent to partake on these spontaneous trips any time between the hours of 9:30 am and 3:00 pm to locations such as, but not limited to, the Fletcher Free Library, the UVM gymnasium, Centennial Woods, and local parks.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

7. I give consent for my child to take part in spontaneous (without 1 week notice) field trips in which the transportation is either the UVM bus, the College Street Shuttle, or by walking to locations within a 2 mile radius of Trinity Children's Center. I understand that my child will be properly and actively supervised.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

8. I understand that transportation for field trips will be by city bus, walking, or on very rare occasions, with ample notice, in teacher's cars (with car restraints, motor vehicle record check, fingerprinting, and proper insurance). I give my permission for my child to be transported by any of the above.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

9. I give my permission for my child(ren) to participate in wading/swimming activities with proper supervision.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

10. I give my permission to the staff to apply sunscreen to my child when needed.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

11. I give my permission to the staff to apply insect repellent when needed.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

12. I understand that I will be contacted should my child become ill, and that if I cannot be reached, the name(s) listed in my Emergency Contact list will be called to come and pick up my child.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

13. In the event that my child becomes seriously ill or injured, I authorize emergency medical care and give permission to the staff to transport my child if necessary.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

14. I accept full responsibility for my child and siblings whenever I am physically present at Trinity Children's Center (when dropping off or picking up my child at any school events). This includes getting my child to and from the parking lot safely.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

15. I understand that it is the policy of Trinity Children's Center to release a child to either parent unless otherwise stipulated in a court agreement. A copy of this court agreement must be given to an administrator.

**Yes \_\_\_\_\_ No \_\_\_\_\_**

16. I understand that enrollment at Trinity Children’s Center gives the permanent full-time staff the ability to access my child(ren)’s files.

Yes \_\_\_\_\_ No \_\_\_\_\_

17. I understand that all teachers at Trinity Children’s Center are mandated by law to report and suspected child abuse or neglect to the Department of Children and Families of the State of Vermont.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you currently connected with any of the following services?**

- |   |   |
|---|---|
| <input type="checkbox"/> Receiving VT tuition subsidy (CCFAP) | <input type="checkbox"/> Vermont Refugee Resettlement Program                         |
| <input type="checkbox"/> VNA                                  | <input type="checkbox"/> CIS (Children’s Integrated Services)                         |
| <input type="checkbox"/> HowardCenter                         | <input type="checkbox"/> COTS   |
| <input type="checkbox"/> Head Start                           | <input type="checkbox"/> EEE (Essential Early Education – Special Education Services) |
| <input type="checkbox"/> Lund                                 | <input type="checkbox"/> Other _____  |

***The Trinity Children’s Center works collaboratively with a number of community agencies including: Child Care Resource, HowardCenter, VNA, Essential Early Education, Children’s Integrated Services, Head Start, Reach Up, the Department of Children and Families, Association of Africans Living in Vermont, Refugee Resettlement Program, the University of Vermont, and Champlain College. We work with these agencies and organizations to enroll children, train teachers, mentor students and residents, give feedback on classroom practice, and to develop individualized plans for children and families.***

***Please sign below if you agree to allow us to acquire or release information that may help us provide the highest level of support for services to your child and/or family.***

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature