

PLAY LOFT PARENT PACKAGE

Please complete the following documents before your child begins at Play Loft Learning. They are as follows

- Parent/guardian Policies and Procedures
- Parental/guardian consent
- Anaphylactic Parent/guardian Agreement
- Emergency Medical Care Consent
- Management of Emergency Medical
- Concerns Medication Authorization

Enrollment form, child's immunization record, post-dated cheques and parent package are mandatory to the registration process.

Thank you for your co-operation.

Play Loft





Parent Policies and Procedures Signature Form

By enrolling our child into the program at Play Loft Learning, we have received a copy of the Parent Handbook Policies and Procedures for our reference. Our signature below indicates that I / We (the enrolling parents) are responsible for reading the information, policies, and procedures contained in this Parent Handbook. In addition, I, we, understand that Play Loft reserve the right to change, amend, edit, add or delete any policy or procedure within this parent handbook. Should a policy or procedure be changed, amended, edited, added, or deleted, parents will be timely communicated with through Play Loft monthly newsletters, emails, etc.. Enrolled parents will then receive an updated parent handbook in a timely fashion. Enrolled parents are not required to sign a new Acknowledgement form should they receive a new handbook during their time in care. Though enrolled parents are not required to sign the Acknowledgment Form, enrolled parents are responsible for any new information. New Parent Handbooks are available at Play Loft at all times and can be sent via email. Please return this form to the office within 5 business days of receiving.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Supervisor Print Name: _____

Signature: _____

(To be signed by supervisor upon receipt.)

Date: _____

Date Enrolled: _____

Date Discharged: _____

(This form is to be kept in child file)



Parental/Guardian Consent Form

The parental consent form is to inform and request permission for your child's photo/image and personally identifiable information to be published and/or school's web site. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to our school and such rescission will take effect upon receipt by the school.

Check one of the following choices:

- I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the school material and Internet site.
- I/We DO NOT GRANT permission for photo/image that includes this student to be published on school material and Internet site.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



Anaphylactic Parent/guardian Agreement

I/we, acknowledge and understand my participation and responsibilities in the Anaphylactic Parent Agreement and the Anaphylactic Action Plan. I agree to execute reliably all information. I hereby request and give my consent for the staff, students, or volunteers of Play Loft to execute the information provided and outlined on the plan.

In the event of an emergency, I authorize Play Loft to administer the designated medication(s) and obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment, and release Play Loft Learning Preschool, its employees, students and volunteers, from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of the administration of the procedure as provided herein. I agree that this information will be shared as necessary, with all parties in contact with my child at Play Loft Learning Preschool.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Supervisor Print Name: _____

Signature: _____

(To be signed by supervisor upon receipt.)

Date: _____



EMERGENCY MEDICAL CARE CONSENT FORM

Emergency Contact: _____

Emergency Phone Number: _____

Should it become necessary for my/our _____ to have medical
child/ward

care, I/we hereby give the teachers permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



MEDICAL AUTHORIZATION FORM

Medication will only be administered if it has been prescribed by a qualified medical practitioner, and is in its original container with the child's name, date and quantity of dosage and we have a signed permission form with directions.

I/We, _____ (Parent's Name) authorize Play Loft to administer _____ (medication name) to my child. _____ (child's name) with the following instructions.

Dosage: _____

Times: _____

Special Instructions (full stomach/empty stomach): _____

Possible Side Effects: _____

Parent's Signature: _____

Date: _____

Time and Date Administered

Date	Time	Provider's Initial	Supervisor's Signature