**PARENT SIGNATURES Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_**

I agree that my child is allowed to use and/ or the staff of Curiosity is allowed to apply the hand sanitizer that is provided by Curiosity Child Care: **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that my child is allowed to have the staff of Curiosity use the wipes that are provided by Curiosity Child Care on my child: **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to apply sunscreen on my child each morning prior to arriving at Curiosity Child Care. I give permission for a staff member to apply Sunscreen that has been provided by me in the afternoon. **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For diapered children**: I agree to supply diapers and powder/ cream. I agree to allow the staff of Curiosity to apply the powder/ cream I supply to my child. Please specify any special diapering instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to the staff of Curiosity applying the following items to my child when/ if they are needed and supplied by me (\*all substances brought in by parents must have original labels/containers):

1. Moisturizing Lotion **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Lip Balm **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Insect Repellant **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I allow my child to join his/her class on occasional walks in the neighborhood.

 **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my School-Age child is absent or picked up early from school and does NOT require a scheduled pick up after school, I agree to call the daycare and report my child’s absence.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware that it is not required of me to provide a health card number for my child.

 **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to have their photo taken.

Please circle all that are allowed: **CLASSROOM WEBSITE FACEBOOK SITE**

**email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I will be charged and agree to pay my full rate for daycare every week, regardless of vacation or illness.

 **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_