

AUTHORIZATION FORM

Child's Name

Date of Birth

PLEASE INITIAL NEXT TO EACH STATEMENT THAT YOU AGREE WITH AND THEN SIGN BELOW

____ 1. I give permission for sunscreen that I supply to be applied as needed to my child

____ 2. I give permission for bug spray that I supply to be applied as needed to my child

____ 3. I give permission to use my child's photo (no names will be used) for the use of:

____ Glendale Heights web site

____ Shutterfly

____ 4. My child is able to drink the following milk (please circle one of the following)

Formula/breast milk Bunny

Whole milk Duck, Caterpillar, Penguin room

1% milk Monkey, Butterfly, Kangaroo, Koala, Tiger, Panda,

Raccoon, Owls, Wolves room

I will provide my child's own milk (a doctor's notice is required for any milk substitute)

____ 5. I understand that all of my child's records are kept confidential

____ 6. Insurance information this information is optional, but would be helpful incase of an emergency. (Please circle one of the following)

____ I am attaching a copy of my insurance card

____ I am providing the following information about my insurance card

Insurance company _____

Policy number _____

____ I am choosing not to provide my insurance information

____ 7. I have received the Parent Handbook

Parent or Legal Guardian Signature

Date

This information is required for NAEYC accreditation. Please complete the following statements:

How do you define your race: _____

How do you define your religion: _____

How do you define your home language: _____

How do you define your family structure: _____

How do you define your culture: _____