

Child's Name: _____

SYC Permission and Acknowledgement Form

- 1 My child has an IEP (individual education plan) care plan on file for special needs.
yes no

2. I authorize access to my child's information, including health information on file at School for Young Children (SYC) to the staff of the School for Young Children (SYC), including the Director, the office staff and my child's teachers, as well as to any paramedics, physicians or other medical personnel who may be summoned in the event of an emergency while my child is at the SYC facility.

3. I have been given a Parent Handbook and a pre-enrollment interview with a school staff member during which I have been given the opportunity address any questions or concerns I have about SYC and its policies. Further, I understand that if I have additional questions or concerns at any time while my child is enrolled at SYC, I am encouraged to speak to the school staff about them.

4. My child has my permission to go to any other part of the First UU Church building and grounds for a class activity, including those areas not specifically approved for child care by the Child Care Licensing division of the Ohio Department of Job and Family Services, as long as he/she is accompanied by one of his/her SYC teachers at all times.

Parent Signature

Date