

I ILLINOIS University Housing

ORCHARD DOWNS PRE-SCHOOL CONSENT FORMS

PRINT CHILD'S NAME: _____ PRINT PARENT/GUARDIAN'S NAME: _____

WALKING FIELD TRIP CONSENT

I consent to my child being included in walks and walking field trips to sites on the University of Illinois/Urbana-Champaign campus during the time my child is enrolled at the Orchard Downs Pre-School. I understand that for field trips not on the University campus and when any means of transportation besides walking is to be used, I will be notified in advance and will be asked to give special consent.

INITIAL

GUIDANCE AND DISCIPLINE POLICY

A child's behavior is redirected if it is inappropriate or harmful to another child. The teacher will go to the child and attempt to change the circumstances to bring about acceptable behavior. A child who continues to disrupt the class or bother another child will be spoken to about their behavior. If the behavior continues, the child will take a time-out.

In accordance with the Department of Children and Family Services (DCFS), "No child shall be subject under any circumstances to corporal punishment inflicted in any manner upon the body or to verbal abuse, deprived of regularly scheduled meals as punishment, or punished for toilet accidents." Time outs will be used to correct the behavior. The child's parents will be notified if a problem persists.

"Any child who, after attempts have been made to meet the child's individual needs, demonstrate inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged" (DCFS).

INITIAL

Receipt of Manual

I have received the Orchard Downs Pre-School Manual. **I understand I am responsible for knowing the contents of this manual.**

INITIAL

PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

University Housing staff is authorized to provide the appropriate emergency medical treatment, if necessary, should my son/daughter require it. In such event, my preferred hospital would be as follows:

Preferred Hospital (if you have one): _____

Preferred Doctor's name (if you have one): _____

INITIAL

AUTHORIZED PICK-UP

For this academic school year, I give my permission for my child to be picked up by the following person(s) who is **NOT** mother or father:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Home

Work

Cell

Name: _____ Relationship: _____

Address: _____

Phone: _____

Home

Work

Cell

INITIAL

Disclosure Statement: (Please check one)

_____ I give my permission to share my child's name, my name, address, phone number and email information with other Pre-School parents/guardians or children.

_____ Please **do not** share our information with other Pre-School parents/guardians or children.

Please note that we often take photographs during pre-school events, and these photographs may be used in a gallery online and for the purposes of promoting the University and its programs and services. If you do not wish to have your photograph or the photograph of your child taken, please inform the Orchard Downs Pre-School Staff.

INITIAL

PARENT/GUARDIAN SIGNATURE

DATE

RELATIONSHIP TO CHILD