

PLAY LOFT PARENT PACKAGE

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

- Parent/guardian Policies and Procedures Signature Form
- Parent Manual
- Parental/guardian Photo/Image Consent Form
- Anaphylactic Parent/Guardian Agreement
- Emergency Medical Care Consent
- Parent/Guardian Hand Sanitizer Consent Form

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 **Play Loft Manual & Play Loft Calendar** for our reference. Our signature below indicates that I / We (the enrolling parents) are responsible for reading the information, policies, and procedures. In addition, I/we, understand that Play Loft reserve the right to change, amend, edit, add, or delete any policy or procedure. Should a policy or procedure be changed, amended, edited, added, or deleted, parents will be timely communicated with through Play Loft. Enrolled parents will then receive an updated Operational Practice and Manual in a timely fashion. Enrolled parents are not required to sign a new Acknowledgement form should they receive policies and procedures during their time in care. Though enrolled parents are not required to sign the Acknowledgment Form, enrolled parents are responsible for any new information. **Play Loft Manual** is always available at Play Loft and can be sent via email.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Supervisor's Signature: _____

(To be signed by supervisor upon receipt)

Date: _____

Date Enrolled: _____

Date Discharged: _____

(This form is to be kept in child file)

Parental/Guardian Photo/Image Consent Form

The 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 photos 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 Play Loft and such a rescission will take effect upon receipt by us.

- 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 rely on 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, 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.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Supervisor's Signature: _____

(To be signed by supervisor upon receipt)

Date: _____

EMERGENCY MEDICAL CARE CONSENT FORM

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, 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.

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

Supervisor's Signature: _____

(To be signed by supervisor upon receipt)

Date: _____

Parental/Guardian Hand Sanitizer Consent Form

I/We, _____ give permission to my/us

child, _____ to use hand sanitizing gel provided by Play Loft.

The hand sanitizing gel will only be used in situations when there will be no water accessible, for example, playground, park, etc.

I/We DO NOT GRANT permission to use hand sanitizer on my child/ren.

Parent/Legal Guardian Signature: _____

Date: _____