



SOL Parent/Guardian Consent & Agreement Form

Parent/Guardian #1 Name

Parent/Guardian #2 Name

Child's Name

Initial Below

- ☐ 1. I grant permission for SOL to provide care to my child including the use of play equipment and supplies, involvement in all activities and participation in Kield trips.
- ☐ 2. I have provided SOL with the following completed documents:
- | | | |
|---|--|--|
| 1) Certificate of Immunization Status (RCW 28A.210.160) (NAEYC 5.A.01) | 8) Birth Certificate | 14) Enrollment Procedures Rules Verification |
| 2) Child Care Register (NAEYC 5.A.01) | 9) Disaster Plan Form | 15) Re-enrollment Form |
| 3) Child Care Agreement | 10) Animal Policy | 16) Surveillance |
| 4) Family Biographical Form | 11) SOL Parent/Guardian Consent & Agreement Form | |
| 5) Field Trip Permission Slip | 12) Sunscreen Permission Form | |
| 6) Income Verification Form (food program) | 13) Tuition Express Form | |
| 7) Individual Healthcare Plan (NAEYC 5.A.01) | | |
- ☐ 3. I understand that SOL is not responsible for personal items brought from home that are lost.
- ☐ 4. I give permission for my child to be included in photographs taken by SOL. I understand that photographs of my child may be used in our publications, including marketing materials. I am able to withdraw my permission at any time, but will notify the Director in writing.
- ☐ 5. SOL has the right to decline enrollment or continue care for, but not limited to the following reasons:
- 1) Non-payment of tuition/co-payment by 5th of month
 - 2) Non-payment due to denial or expired subsidy agreement
 - 3) Physical or Sexual harassment
 - 4) Failure of Parent/Guardian to comply with the SOL policies
 - 5) Failure to comply with Behavior Support Policy and Individual Plan
 - 6) Failure to comply with Behavior Management Policy
- ☐ 6. SOL is not responsible for anything that may happen as a result of incomplete information given by parent/guardian on the Child Care Register or Family Biographical Form.
- ☐ 7. I will notify SOL of any changes on the annual update form. (i.e. changes in phone numbers, cell numbers, updated address, updated immunizations).
- ☐ 8. I understand that I have access to view the center's Disaster Policy, Disease Plan, Pesticide and Health Care Policy. A copy is left onsite.
- ☐ 9. I give permission for my child to participate in walking Kield trips located in the neighborhood. I understand that walking Kield trips will occur without written permission.
- ☐ 10. I understand that I have free access, at all times, to areas of the program used by my child. I also understand that I will have opportunities to participate in program activities, and this participation may require a Criminal History Back Ground Check. I understand that if my participation obstructs the program in any way, this privilege is revoked (terminated).
- ☐ 11. I understand that I cannot leave my child at the SOL program site unless a SOL staff is there to receive and supervise my child. Failure to leave a child unsupervised is consider abandonment and SOL are not liable for children left unattended.
- ☐ 12. I understand that is an authorized person who arrives to pick up the child is intoxicated or under the inKluence of drugs, for the child's safety the Police will be notiKied.

Signature

Date