WHEAT RIDGE LEARNING ACADEMY #3 Permission Forms and Agreements

Child's Name:	Date of Birth:
Child's Name:	Date of Birth:
Child's Name:	Date of Birth:
POLICIES AND PROC I have read and understand the policies and procedures set forth by Whea of Policies and Procedures. I agree to adhere to all policies and procedure regulations of the Colorado Department of Human Services.	t Ridge Learning Academy as stated in the Parent Handbook
Signature	Date
PERMISSION TO ATTEND FIELD TRIPS I give permission for my child(ren) named above to attend field trips with his/her class. I understand that the field trips may be walking or by school van. For any field trip where the children will be transported by school van, I will be notified ahead of time.	
Signature	Date
There will be times during the year when we may videotape and photograph our classrooms and students. The videos and photos will be used for assessments, student portfolios, classroom displays, parent gifts and may be posted on our website. I give permission for my child(ren) named above to be photographed and videotaped and for those photos to be posted on the school website.	
Signature	Date
PERMISSION TO WATCH VIDEOS & MOVIES During times of inclement weather (excessively hot or cold, or during rain or snow), children may occasionally be allowed to watch a children's video. In some instances educational videos may be incorporated into the classroom curriculum. I give permission for my child(ren) named above to occasionally watch a children's video.	
Signature	Date
SUNSCREEN PERMISSION I give permission for my child(ren) named above to have sunscreen applied according to the directions on the label. If sunscreen is not provided by the parent, the school will use Coppertone	
Signature	Date
PERMISSION TO SLEEP ON COTS I give permission for my child(ren) named above to sleep on a cot provided by the center during nap time. I understand that I need to supply a sheet and a blanket for my child at all times and take them home at least once a week to be laundered.	
Signature	Date
Please sign and date below ONE YEAR after initial enrollment and then every year. Permissions must be updated annually. I have reviewed the permissions given above, updated it with any chances and certify that it is all correct.	
Signature	Date