

Helen Lieber Early Learning Academy Photo/Social Media Release Form 312 W Washington, St, Hartford City IN 47348

From time to time, we will take pictures and/or videos of our program's events (i.e. field trips, family events, classroom fun, playground time,). These pictures would be used to inform others of our events and the good times that the children have while learning at preschool.

As the preschool grows, we want others to know what we do. We want to share all that our preschool is doing with the families, communities and church families. The following agreement allows staff members, board members and other parents to use the images for information purposes. Such uses may include the display, distribution, publication, transmission or otherwise use of photographs, images and/or videos taken for use in materials that include, but may not be limited to, printed materials such as brochures, bulletin boards and newsletters, videos and digital images such as those that could be used on the preschool website and Facebook page as well as a preschool yearbook. The images used will never be used to danger the welfare or reputation of any individual. Your safety and privacy is very important to us.

I, the undersigned, do hereby grant or deny permission to Helen Lieber Early Learning Academy to use any image(s) of my child,					
	rked by the selection below.				
	Deny permission to use my child's image at all.				
	Grant permission to use my child's image in the following way:				
Unrestricted usage: I give unrestricted permission for my image to be used in print, video and digital media. I agree that these images may be used by Helen Lieber Early Learning Academy for a variety of purposes and that these images may be used without further notifying me. I do understand that my child's last name will not be used in conjunction with any video or digital images.					
SignatureDate					

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility	Helen Lieber Early Learning Academy
Address of facility	y (number and street, city, state, and ZIP code)
	312 W. Washington St.
R.	Hartford City IN 47348
County	
	Blackford

BUREAU OF CHILD CARE DIVISION OF FAMILY RESOURCES

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

l,	(Parent's name) will
provide food for	(Child's name).
I take full responsibility for the safety of my ch transportation to the facility.	ild's food during preparation, storage, and
(Parent's Signature):	
(Date):	

Helen Lieber Early Learning Academy

Emergency Contact Form

Child's Information						
Child's Full Name			Nickname			
Home Address						
Home Phone#			Date of Birth			
Mother's Information						
Name						
Cell Phone		1				
Work Phone						
Work Address						
Home Email						
Work Email						
	Father's	Informatio	on			
Name						
Cell Phone						
Work Phone						
Home Email						
Work Email						
	Other Emergency	Contact In	nformation			
Please list any other relatives or other adults that we may contact in case of emergency and the Academy staff is unable to reach the parent(s).						
Name		lationship	Phone #	Cell #		
			CORSOLY BONDED THE BUILDING OF			
		Informatio				
	gy (i.e. food, medication, gras		No No	a pood to be filled out		
If you answered yes to the a	bove question, please explain.	A Medication Au	thorization Form will also	need to be filled out.		
Medical Care Transportation Release						
In case of emergency, I give Helen Lieber Early Learning Academy and its staff permission to initiate						
transportation of my child to the nearest medical facility for treatment.						
Signature of Parent or Guardian: Date:						
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Helen Lieber Early Learning Academy ACKNOWLEDGMENT OF RECEIPT OF PARENT HANDBOOK

I understand the Parent Handbook was created to promote an understanding of the policies and procedures at Helen Lieber Preschool. By my signature below, I acknowledge that I have received a copy of the Helen Lieber Early Learning Academy Parent Handbook. I also acknowledge that I have read and understand the contents of the Handbook. I also acknowledge that this copy of the Parent Handbook supersedes and replaces any other copy of the Parent Handbook or similar document that may have previously been distributed by the school.

I have read the Parent Handbook of Helen Lieber Early Learning. I understand the policies and procedures and agree to abide by them.

Parent Signature	Date		
Parent Signature	Date		

^{**}PLEASE SIGN THIS FORM, REMOVE IT AND RETURN IT TO THE OFFICE FOR FILING. **

NEW FAMILY SURVEY 2020

At Helen Lieber Early Learning Academy, parent input is always welcome. We strive to make your child's stay with us as successful as possible as well as meeting your needs for your family and child. Please answer these questions and return it with the other paperwork for your child's file.

1. What prompted you to bring your child to Helen Lieber Early Learning Academy?

2. What are your expectations for your child's learning while he/she is in our care?

3. Are there field trips that you would like to see your child participate in? We have some in the planning stages, but welcome new ideas as well.

4. What are some things that your child has/has not experienced at home that you expect them to experience while in our care (i.e. scissor work)?

5. What are some things that you would like to see the whole program participate in (i.e. Christmas gathering/program, family events, etc.)?

6. Are there things that you don't want us to do with your child (i.e. celebrate holidays due to religious beliefs)?

7. We are currently looking into better ways to communicate with our families (i.e. a class-to-parent communication application such as Class Dojo, Remind, etc.). What is your preferred method of communication (i.e. text, email, paper, etc.)?

8. Is there anything else that you would like to share with us about your child and/or family?