

Statement of Good Health

Please answer the following questions regarding your child's health and ability to participate in daily activities at The Children's Enrichment Center.

- Is your child in good health and able to fully participate in this activity/event?
☐ Yes
☐ No
- If no, please describe any health conditions or concerns that may impact participation:
- Does your child require any accommodations to fully participate?
☐ Yes
☐ No
- If yes, please describe the required accommodations:

Emergency Contact Information (in case of health-related issues):

- Name: _____
- Phone Number: _____
- Relationship to Child: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

Classroom Transition Waiver Form

Child's Name: _____

Date of Birth: _____

Age (in months): _____

Current Classroom: _____

New Classroom (After Transition): _____

Effective Date of Transition: _____

Parental/Guardian Acknowledgment:

By signing below, I acknowledge and understand that my child, _____, will be transitioning to the new classroom, as indicated above. I recognize that this transition may include changes in the learning environment, routines, and activities, and I understand that while the staff will make every effort to ensure my child's smooth transition, some adjustment time may be necessary.

I further agree that The Children's Enrichment Center staff is not liable for any delays or difficulties that may arise during this transition period. I also acknowledge that my child's transition will be monitored, and I will be notified if any concerns arise related to my child's adjustment to the new classroom.

I authorize the staff to move my child to the new classroom as scheduled.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

The Children's Enrichment Center

Non Prescription Topical Medicine Form

We ask for your permission to apply the following personal care products to your child as necessary while they are in our care. Please review and sign for each item below.

Child's Name: _____

Parent/Guardian Name: _____

Date: _____

1. Sunscreen

I give permission for The Children's Enrichment Center to apply sunscreen to my child as needed to protect them from sun exposure.

(Parent/Guardian Initials): _____

I DO NOT give permission for The Children's Enrichment Center to apply sunscreen to my child as needed to protect them from sun exposure.

(Parent/Guardian Initials): _____

2. Bug Spray

I give permission for The Children's Enrichment Center to apply bug spray to my child to prevent insect bites.

(Parent/Guardian Initials): _____

I DO NOT give permission for The Children's Enrichment Center to apply bug spray to my child to prevent insect bites.

(Parent/Guardian Initials): _____

3. Diaper Rash Cream

I give permission for The Children's Enrichment Center to apply diaper rash cream to my child if needed to treat or prevent diaper rash.

(Parent/Guardian Initials): _____

I DO NOT give permission for The Children's Enrichment Center to apply diaper rash cream to my child if needed to treat or prevent diaper rash.

(Parent/Guardian Initials): _____

4. Triple Antibiotic Ointment

I give permission for The Children's Enrichment Center to apply triple antibiotic ointment to my child in case of minor cuts, scrapes, or abrasions.

(Parent/Guardian Initials): _____

I DO NOT give permission for The Children's Enrichment Center to apply triple antibiotic ointment to my child in case of minor cuts, scrapes, or abrasions.

(Parent/Guardian Initials): _____

5. Burn Cream

I give permission for The Children's Enrichment Center to apply burn cream to my child if they experience a minor burn or skin irritation.

(Parent/Guardian Initials): _____

I DO NOT give permission for The Children's Enrichment Center to apply burn cream to my child if they experience a minor burn or skin irritation.

(Parent/Guardian Initials): _____

If you have any specific concerns or instructions, please feel free to include them below.

Signature of Parent/Guardian: _____

Date: _____