



**UNIVERSITY OF CALIFORNIA, IRVINE
CHILD CARE SERVICES
PERMISSION AND RELEASES FORM**

CHILD'S NAME: _____ **CENTER:** _____

PERMISSION AND RELEASES

I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities of the program. Initial _____

I hereby grant permission for my child to leave the University under the supervision of a staff member for walks or for field trips. I understand that I will be notified in advance of all field trips off campus and requiring transportation. Initial _____

I hereby grant permission for my child to be included in photographs, PowerPoint presentations or videos taken for publicity or for educational use by UCI Child Care Services, University students and faculty for projects related to early childhood education. Yes No

I hereby grant permission for my child to be included in observations and/or special projects by University students and faculty. I understand that University students and faculty use the centers for assignments related to early childhood education. Yes No

Signature of Parent/Guardian _____ **Date** _____

PARENTAL AGREEMENT

I have received a copy of the UCI Child Care Services Handbook. I agree to abide by the policies as they are stated, and I understand that clarification on any matter may be obtained from the Child Care Services Office.

I understand that it is my responsibility to keep telephone numbers, schedules, and location changes up to date. This information will be used in case of illness or emergency.

I understand that I must notify the Center if I will not be able to be reached at my place of employment or at my campus location while my child is at the Center.

UCI Child Care Services highly discourages staff from caring for any enrolled children after hours. If such child care arrangements occur between parents and staff, however, they are strictly private. Such activities are not endorsed or approved by UCI Child Care Services and the University is not responsible for the actions of staff outside the centers(s).

Signature of Parent/Guardian _____ **Date** _____

AUTHORIZATION FOR ACCESS TO CHILDREN'S HEALTH INFORMATION

I authorize the teaching and administrative staff, access to all of the information I have provided on the Child History Form. I understand that any agent from the California Department of Social Services, Community Care Licensing has the authority to inspect my child's records. I am aware that an Assessor from the National Association for the Education of Young Children may review children's records when visiting a program when it is going through re-accreditation.

Signature of Parent/Guardian _____ **Date** _____