Name:	Date of Birth:
CONSENT FORM:	
I give permission for Just Kids Early Childhood Learning Center to These photographs/videos may be	
social media pages, promotional materials, in-service trainings, and/or educational presentations.	
Signature:	Date:
I give permission for Just Kids Early Childhood Learning Center to seek emergency medical treatment for my child,	
Signature:	Date:
I give permission for Just Kids Early Childhood Learning Center to release and obtain records and information as necessary to and from Just Kids Diagnostic and Treatment Center.	
Signature:	Date:
I understand that my child's daily educational placement does not include a planned nap. In the event that my child is tired and falls asleep in class, they will be provided with a mat, made as comfortable as the classroom allows and continuously supervised by the classroom staff. The nurse may also be called in to assess the wellness of my child. I understand that, if the nurse determines that my child is not well enough to remain in school, I will be called to pick them up.  Signature:  Date:  Date:	
I understand that individual student tracking devices are <b>only</b> permitted if they <b>do not</b> impose on the privacy rights of others. I understand that any and all tracking devices cannot have the ability to look and/or listen in. Just Kids Early Childhood Learning Center has been advised to abide by the Federal Guidelines regarding the privacy of others.	
Signature:	Date:
I give Just Kids permission to post photos and/or videos of my child on Seesaw, the school's communication app. These images will be used to share updates on my child's progress, highlight classroom activities and participation, and contribute to their educational portfolio.	
Signature:	Date:
I have been informed on how to access the Just Kids Family Handbook which includes information related to parental rights and my child's education. I acknowledge that I can request a copy of the handbook at any time throughout the school year.	
Signature:	Date: