



Young Wonders Preschool 2025 Summer Program Registration Form

****Please complete all information below:**

Child's Name: _____

Child's Date of Birth: _____

Address: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Parent Signature: _____ Email: _____

Emergency Contact: _____ Cell Phone: _____

Allergies: _____

Other Health Info: _____

.....
General Information:

- Our Summer Program is geared toward 2.5-6 year old students
- If a new student; Universal Health Form & copy of immunization records are required
- Child must wear a swimsuit & water shoes to camp each day – **NO SANDALS**
- Sunscreen must be applied **before** the child arrives at camp
- Please pack your child a backpack with the following items:
 - Towel
 - Change of clothes & sneakers
 - Healthy lunch & extra water
 - If staying all day: a rest mat is needed
 - **PLEASE LABEL EVERYTHING!**

.....
FOR OFFICE USE ONLY

Fees Received:

Start Date: _____

Immunization/Health Form: _____

Registration Fee (\$25): _____

Tuition: _____

Total Received: \$ _____ Rec'd by: _____



Young Wonders Preschool 2025 Summer Program Registration Form

Child's Name: _____ DOB: _____

*****Please indicate the dates and the pick-up times you would like your child to attend our Summer 2025 Program. This summer we are offering a M-F, M,W,F or a T,Th schedule on a week to week basis. Drop-off for summer camp is 9:00am and pick-up is either 1:00pm (no rest time) or 3:00pm (includes rest time). Pricing is based on a daily rate and pick-up time does not alter the pricing.***

Week 1	HAWAIIAN LUAU	PRICING	PICK-UP TIME (1:00 or 3:00pm)
Monday-Friday	July 14-18	○ \$265	
Monday, Wednesday, and Friday	July 14, 16, 18	○ \$165	
Tuesday and Thursday	July 15, 17	○ \$110	

Week 2	UNDER THE SEA	PRICING	PICK-UP TIME (1:00 or 3:00pm)
Monday-Friday	July 21-July 25	○ \$265	
Monday, Wednesday, and Friday	July 21, 23, 25	○ \$165	
Tuesday and Thursday	July 22, 24	○ \$110	

Week 3	SUPERHEROES	PRICING	PICK-UP TIME (1:00 or 3:00pm)
Monday-Friday	July 28-August 1	○ \$265	
Monday, Wednesday, and Friday	July 28, 30, August 1	○ \$165	
Tuesday and Thursday	July 29, July 31	○ \$110	

Week 4	SPACE	PRICING	PICK-UP TIME (1:00 or 3:00pm)
Monday-Friday	August 4-8	○ \$265	
Monday, Wednesday, and Friday	August 4, 6, 8	○ \$165	
Tuesday and Thursday	August 5, 7	○ \$110	

Young Wonders Preschool 2025 Summer Program Registration Form

Please fill out form completely and notify office of changes immediately. Please print or type.

****All children MUST be fully potty-trained****

Date of Application: _____

Child Information

Child's Name: _____
Last Name First Name

Child's Nickname: _____

Address: _____
Street City State Zip

Home Phone: _____ Sex: Male Female Birth Date (mm/dd/yyyy): _____

Country of Origin: _____ Primary Language: _____

Family Information

Parent/Guardian 1: _____ Parent/Guardian 2: _____
Last Name First Name Last Name First Name

Address if different from above: _____ Address if different from above: _____

Address: _____ Address: _____
Street Street
City State Zip City State Zip

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____
Street Street
City State Zip City State Zip

Bus. Phone: _____ Bus. Phone: _____

Please provide a reliable email address at which you can receive information and announcements.

Family Unit

Parents together Separated Divorced Widowed Single

Child Lives With

Both parents Mother Father Guardian(s)

Is there a court order protecting the custody of this child? Yes No

If yes, a copy of the court order must be included with this registration.

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Emergency Information

List two people, other than yourself, to contact in case of emergency:

Name: _____	Name: _____
Address: _____ Street	Address: _____ Street
City State Zip	City State Zip
Cell Phone: _____	Cell Phone: _____
Relationship: _____	Relationship: _____

Does your child have needs requiring special attention? (Example: physical, illness, language needs, medication, learning disability, hyperactivity, speech or hearing disorders, etc.) Please let us know of any special social or emotional problems of which the teacher should be aware in order to help your child more effectively.

Does your child have any allergies? (Example: food, drug, insect, hay fever, etc.)

Physician Information

Doctor's Name: _____	Address: _____ Street
Phone: _____	City State Zip

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Young Wonders Preschool to transport my child to the NEAREST HOSPITAL EMERGENCY ROOM and to secure for my child the necessary medical treatment. Your signature authorizes the responsible person at the Young Wonders Preschool facility to have your child transported to that hospital.

Signature of Parent or Guardian _____ Date: _____

Young Wonders Preschool 2025 Summer Program Registration Form

Pick Up Authorization

People authorized to pick up your child:

Name: _____ Name: _____

Address: _____ Address: _____
Street Street

City State Zip City State Zip

Cell Phone: _____ Cell Phone: _____

Relationship: _____ Relationship: _____

Name: _____ Name: _____

Address: _____ Address: _____
Street Street

City State Zip City State Zip

Cell Phone: _____ Cell Phone: _____

Relationship: _____ Relationship: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Young Wonders Preschool Director: _____ Date: _____

Updates (Initials/Dates):

Date: _____ Initials: _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:		

MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value		Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
 - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
 - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
 - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
 - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
 - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.
- This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
- Print the health care provider's name.
 - Stamp with health care site's name, address and phone number



Young Wonders Preschool Removal Policy

Name of Child: _____
Last Name *First Name* *MI*

Unfortunately, occasionally there are reasons we must remove or suspend a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

These are the reasons we may have to remove or suspend a child from the program.

IMMEDIATE CAUSES FOR REMOVAL:

- The child is at risk of causing serious injury to other children or herself/himself
- Parent threatens physical or intimidating actions toward staff members
- Parent exhibits verbal abuse to staff in front of enrolled children

PARENTAL ACTIONS FOR CHILDREN'S REMOVAL:

- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Failure to pay and/or habitual lateness in tuition payments and/or late pick up fees
- Verbal abuse to staff members

CHILD'S ACTIONS FOR REMOVAL:

- Failure of the child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting

SCHEDULE OF REMOVAL:

- If after remedial actions have not worked out, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting action. Corrective action is meant to be a period so that the parent/guardian may work on the child's behavior or to come to an agreement with the Director.
- The parent/guardian will be informed about the expected behavioral changes required for the child or parent to return to the school.
- The parent/guardian will be given a specific removal date that allows the parent sufficient time to seek alternative childcare (approximately one to two weeks' notice depending on the risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent removal from the center.

A CHILD WILL NOT BE REMOVED

If the parent/guardian...

- Made a complaint to the Office of Licensing regarding the school’s alleged violations of the licensing requirements
- Reported abuse or neglect occurring at the center
- Questioned the Director regarding policies and procedures
- Has not been given sufficient time to make other child care arrangements

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT REMOVAL:

- Staff will try to redirect child from negative behavior
- Staff will reassess program environment, appropriateness of activities, supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise appropriate behavior
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- Child will be given time to regain control
- Child’s disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of disruptive behaviors that might lead to expulsion
- The Director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors
- Parent/guardian will be given literature or other resources regarding methods of improving behavior
- Conference with the Director when warranted

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Discipline Policy

Name of Child: _____
Last Name *First Name* *MI*

The goal of discipline at the Young Wonders Preschool is to enable and encourage the growth of self-discipline within all our children. Since self-discipline is a slow process, children are disciplined in a positive manner and at a level that is appropriate for their age and actions. Self-discipline is achieved when a child can make appropriate decisions for him or herself without being told which decision is correct and accept responsibility for those choices.

Our teachers play a crucial role in the decisions children make during this development process. We strongly believe in positive reinforcement. Through positive reinforcement, teachers can guide children towards self-discipline and self-control, while ensuring the health, safety, and respect of every child. It is our expectation that teachers should always remember to maintain developmentally appropriate expectations of young children. Often young children lack self control and logic skills and cannot be expected to act appropriately at all times largely because attention spans for young children are short. Attention spans are estimated by doubling a child's age, i.e. a three-year-old will have an attention span of about six minutes. Therefore, teachers are trained to remain positive, use soft, yet sometimes stern voices, while maintaining manners and consideration for others.

Children have to be allowed to try to work out their differences and resolve problems without teachers always intervening. Children are told what they can do, rather than what they cannot do. Children are encouraged to talk about their feelings and actions in order to grow and reflect. Also natural consequences should be applied to relevant behaviors. To discourage inappropriate behaviors, children are redirected to other materials and activities in a positive and encourage manner.

As required by New Jersey law, discipline **WILL NEVER** consist of any type of spanking or any other physical punishment. Discipline will also never consist of any type of verbal abuse such as cruelty, inappropriate tones, humiliation, sarcasm or fear. Lastly, discipline will **NEVER** be connected with toileting, food, or rest.

If a child's inappropriate behavior becomes consistent or harmful you will receive a Behavior Report from your child's teacher. During this transition, we will work with you and your child for a positive outcome.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Sick Policy

Name of Child: _____
last name first name

Communicable Diseases

To provide the best possible care for children under our supervision, the center is designed as a “well child program”. If your child becomes ill at the center, you will be called to pick up your child. If you cannot be reached, we will call the next person on your pick-up authorization*. If needed, the physician listed during registration will be contacted for further instructions. In the case of a medical emergency, 9-1-1 will be called. Be sure your medical records and phone numbers are up to date. Inaccurate numbers can only delay treatment for your child.

***Pick-up authorized person must be within a 30-minute driving distance.**

A list of symptoms and illnesses that require your child to remain absent from the center.

- Children with chicken pox, measles, streptococcal infections, pink eye, impetigo, ring-worm, and/or rashes of an unknown nature may not return to the center until a doctor’s report is presented.
- Children with head lice (pediculosis) and/or nits will be excluded from the center for at least 24 hours and readmitted only with a physician’s note or documentation that is has been treated by a professional 24 hours prior to their return.
- Children with severe poison ivy or poison oak should stay at home.

Children who can answer yes to any of the following questions have to be excluded due to COVID protocols from the state:

1. Children with Fever reducing medication administered?
2. Close contact with anyone diagnosed with COVID-19 with in the past 14 days?
3. Child symptoms: Cough, shortness of breath, trouble breathing?
4. Child symptoms (at least 2): Headache, fever, muscle pain, chills, repeated shaking with chills, new loss of taste or smell?
5. Household member with symptoms: Cough, shortness of breath, trouble breathing?
6. Household member with symptoms (at least 2): Headache, fever, muscle pain, chills, repeated shaking with chills, new loss of taste or smell?

Policy on the Management of Communicable Diseases

If a child develops any of the following symptoms at home or while at the center, the child cannot attend or return to the center without the permission of a physician.

- | | |
|-------------------------------------|--|
| Severe pain or discomfort | Infected, untreated skin patches |
| Acute diarrhea | Difficult or rapid breathing |
| Episodes of acute vomiting | Skin rashes lasting longer than 24 hours |
| Red eyes with discharge | Swollen joints |
| Sore throat or severe coughing | Visibly enlarged lymph nodes |
| Yellow eyes or jaundiced skin | Stiff neck |
| Elevated oral temperature of 101.5F | |
| Blood in urine | |

If your child is being treated with an antibiotic, they must be on the medication for **A FULL 24 HOURS** before returning to the center.

Table of Excludable Communicable Diseases

If a child contracts any of the following diseases, please report it to us immediately. The child may not return to school without a physician's note stating that the child presents no risk to themselves or others.

- | Respiratory Illnesses | Gastrointestinal Illnesses | Contact Illnesses |
|-----------------------|-------------------------------|-------------------|
| Chicken Pox | Giardia Lambli ^a * | Impetigo |
| German Measles* | Hepatitis A* | Lice |
| Hemophilus | Salmonella * | Scabies |
| Influenzae* | | |
| Shigella* | | |
| Measles* | | |
| Meningococcus* | | |
| Mumps* | | |
| Strep Throat | | |
| Tuberculosis* | | |
| Whooping Cough* | | |
| COVID | | |

*Reportable diseases, as specified in N.J.A.C. 10: 122-7. 10(a)

If your child is exposed to any reportable disease at the center, you will be notified in writing.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Potty-Training Policy

Name of Child: _____
last name first name

Potty-Training Policy

We require all students enrolled to be potty trained. We are aware that little ones need many reminders and are still growing and learning. We are also aware that sometimes accidents happen, but children who are having accidents every day, multiple times a day, are not ready for our program and will be asked to return only after they are fully potty trained. Young Wonders offers low-cost enrollment to parents based on not having a third teacher in the classroom dedicated to diapering.

Signature of Parent or Guardian: _____ Date: _____



Young Wonders Preschool Policies Acknowledgement

Please fill out form completely. Please print or type.

Name of Child: _____
Last Name *First Name* *MI*

Name of Parent/Guardian: _____
Last Name *First Name* *MI*

Classroom: _____

I have read the Young Wonders Preschool’s Enrollment Packet. By initialing the following, I acknowledge that I have reviewed, understand and accept these policies outlined in the Enrollment Packet and parent handbook:

*Parent Handbook can be viewed and downloaded under the Forms tab at The YoungWonders.com.

- | | |
|---|--|
| <input type="checkbox"/> Emergency Closing | <input type="checkbox"/> Discipline Policy |
| <input type="checkbox"/> NJ Information to Parents | <input type="checkbox"/> Sick Policy |
| <input type="checkbox"/> Sign In/Sign Out and Late Fee Policy | <input type="checkbox"/> Expulsion Policy |
| <input type="checkbox"/> Release of Children Policy | <input type="checkbox"/> Potty Training Policy |

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Termination Policy

Name of Child: _____
Last Name *First Name* *MI*

The Young Wonders Preschool accepts children of all racial, ethnic, economic, and religious backgrounds in its program. However, the Preschool is not able to accept or retain children whose needs exceed its professional and its financial resources. Decisions to deny acceptance of a child or to terminate a child's enrollment are made in consultation with our professional staff. Factors leading to such decisions are confidential.

I have read and understand the Termination Policy of the Young Wonders Preschool, in accordance with the Department of Children and Families Office of Licensing, State of New Jersey 10:122-6,8 as presented above.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Informational Statement

In keeping with New Jersey’s child care center licensing requirements, we are obligated to provide you, as the parent/guardian of a child enrolled in our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center’s obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State Child Abuse Hotline. 1-877-NJ-ABUSE.

Please read this statement carefully and, if you have any questions, feel free to contact the Director at 609-587-1815.

Please complete and return this portion to the Director.

Name of Child: _____
Last Name First Name MI

Name of Parent/Guardian: _____
Last Name First Name MI

I have read and received a copy of the Informational to Parents statement prepared by the Bureau of Licensing, Child Care and Youth Residential Licensing, in the Department of Children and Families.

Signature of Parent/Guardian: _____ Date: _____



Young Wonders Preschool Permissions Form

Please fill out form completely. Please print or type.

Date: _____

Child Information

Child's Name: _____
Last Name First Name

Parent's Name: _____
Last Name First Name

Classroom: _____

Photo/Video Release

I hereby

Give Do not Give

Permission for the Young Wonders Preschool to use photographs and/or video footage that could include my child's image for publicity efforts to advertise events, services, and programs for the Young Wonders Preschool.

Walking Trip Permission

I hereby

Give Do not Give

Permission for the Young Wonders Preschool to take my child on walking trips in and around the school area.

Signature

Signature of Parent or Guardian: _____ Date: _____