For Office Use Only
Date of Enrollment:
Date of Exit:

Trinity Children's Center
Parental Permission Form
Child's Name:
Date of Birth:
Please write your initials to indicate either "Yes" or "No" for each of the consent releases below:
 I give my permission for my child to be photographed or videotaped for media events, publication, or educational purposes. I understand that names will never be given unless we get special permission from you.
Yes No
 I give my permission to have my name, address, and phone number printed on a class list which can be distributed to parents in my child's classroom. Yes No
 I give my permission for my child to attend field trips and excursions with one week notification and under proper supervision to locations within a 2 mile radius of Trinity Children's Center using only the following modes of transportation: walking, College Street Shuttle, UVM bus.
Yes No
As a result of our emergent curriculum, below is an opportunity for parents/guardians to given consent for spontaneous (unplanned prior to that day) field trips using the above-mentioned modes of transportation (UVM bus, College Street Shuttle, walking) within the above-mentioned radius of travel (2 miles). Through this emergent curriculum and individual/group interests we are asking that parents choose (or not) to give consent to partake on these spontaneous trips any time between the hours of 9:30 am and 3:00 pm to locations such as, but not limited to, the Fletcher Free Library, the UVM gymnasium, Centennial Woods, and local parks.
4. I give consent for my child to take part in spontaneous (without 1 week notice) field trips in which the transportation is either the UVM bus, the College Street Shuttle, or by walking to locations within a 2 mile radius of Trinity Children's Center. I understand that my child will be properly and actively supervised.
Yes No

Date o	fice Use Only f Enrollment: f Exit:
5.	I understand that transportation for field trips will be by city bus, walking, or on very rare occasions, with ample notice, in teacher's cars (with car restraints, motor vehicle record check, fingerprinting, and proper insurance). I give my permission for my child to be transported by any of the above.
	Yes No
6.	I give my permission for my child(ren) to participate in wading/swimming activities with proper supervision.
	Yes No
7.	I give my permission to the staff to apply sunscreen to my child when needed. Yes No
8.	I give my permission to the staff to apply insect repellent when needed. Yes No
9.	I understand that I will be contacted should my child become ill, and that if I cannot be reached, the name(s) listed in my Emergency Contact list will be called to come and pick up my child. Yes No
10.	In the event that my child becomes seriously ill or injured, I authorize emergency medical care and give permission to the staff to transport my child if necessary.
	Yes No
11.	I accept full responsibility for my child and siblings whenever I am physically present at Trinity Children's Center (when dropping off or picking up my child at any school events). This includes getting my child to and from the parking lot safely. Yes No
	I understand that it is the policy of Trinity Children's Center to release a child to either parent unless otherwise stipulated in a court agreement. A copy of this court agreement must be given to an administrator. Yes No

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13	. I understand that enrollment at Trinity Children's Cenability to access my child(ren)'s files. Yes No	ter gives the permanent full-time staff the
14	. I understand that all teachers at Trinity Children's Ce suspected child abuse or neglect to the Department of Vermont. Yes No	· · · · · · · · · · · · · · · · · · ·
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Are yo	ou currently connected with any of the following s	ervices?
	Receiving VT tuition subsidy (CCFAP) VNA HowardCenter	
	Head Start Lund	
	Vermont Refugee Resettlement Program	
	CIS (Children's Integrated Services)	
	COTS EEE (Essential Early Education – Special Education Other	Services)
Child Ca Start, R Refuged agencie feedbad Please s	nity Children's Center works collaboratively with a number Resource, HowardCenter, VNA, Essential Early Educate Resource, HowardCenter, VNA, Essential Early Educate Resettlement Program, the University of Vermont, and as and organizations to enroll children, train teachers, make on classroom practice, and to develop individualized sign below if you agree to allow us to acquire or release level of support for services to your child and/or family	ation, Children's Integrated Services, Head ociation of Africans Living in Vermont, d Champlain College. We work with these nentor students and residents, give plans for children and families. Information that may help us provide the
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	s Name:	
Parent's	s Signature:	