



4607 Willard Avenue, Chevy Chase MD 20815

Phone: 301-654-5339 Fax: 301-652-9533

PARK CHILDREN'S CENTER
CHEVY CHASE EXTENDED DAY
LELAND CHILDREN'S CENTER
BETHESDA EXTENDED DAY

NORTH CHEVY CHASE EXTENDED DAY
ROSEMARY HILLS EXTENDED DAY
SOMERSET EXTENDED DAY
JEWISH PRIMARY DAY AFTER SCHOOL

BLANKET PERMISSION FORM

CHILD'S NAME _____ TODAY'S DATE ____ / ____ / ____

FIELD TRIP PERMISSION

I give permission for my child to participate in the Wonders Child Care field trip program. I understand that my child may be transported in Wonders' vehicles school buses, public transportation or may walk. I understand that I will be notified prior to all field trips. This consent applies to all trips.

I COMPLY _____

I DO NOT COMPLY _____

PERMISSION TO CONSULT WITH EDUCATIONAL AND PSYCHOLOGICAL PROFESSIONALS

I grant permission for the staff of Wonders Child Care to discuss vital information concerning my child's progress or development with other consulting professionals. I understand I will be notified prior to any formal consultation.

I COMPLY _____

I DO NOT COMPLY _____

PERMISSION TO PHOTOGRAPH

I grant permission for my child to be photographed and/or video taped while participating in Wonders Child Care programs. I grant permission for these photographs to be used in classroom or Center displays or Newsletters. I will be notified if All Saints' wishes to use my child's likeness for any other purpose.

I COMPLY _____

I DO NOT COMPLY _____

PERMISSION TO APPLY SKIN PROTECTION

I grant permission for the staff of Wonders Child Care Center to apply non-prescription skin protection including sun screen, skin lotion or lip balms on my child as needed. I understand that generic, non-medicated products will be applied using sterile methods.

I COMPLY _____

I DO NOT COMPLY _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

ANNUAL UPDATE _____

www.wonderschildcare.org