

LAKE FOREST PARKS & RECREATION

KINDERHAVEN

PRESCHOOL



ACADEMY

Kinderhaven Student Paperwork

Please return to Jen Eggert
before the beginning of the school year.

LIST OF FORMS:

- Registration Form
- Pick Up & Drop Off Policy Form
- Emergency Information Form
- Consent for Emergency Medical Treatment Form
- Certificate of Child Health Examination Form
- Hearing & Vision Agreement Form
- Supplementary Information Form
- Class List Information & Permission Form
- IL Department of Children & Family Services Verification of Receipt Form
- Parent Sign-Off Checklist Form
- Discipline Policy Form
- Permissions Form
- Social Media Release Form



KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

DEPARTMENT REGISTRATION FORM

Child's Name: _____ Class: _____
Address: _____ School year: _____
Sex: _____ Age: _____ Birthdate: _____
Parent's Names: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Physician's Name: _____ Phone: _____

Please note any physical, mental, or diet limitations, allergies, special medications or additional conditions which may affect the child's participation:

1. I give the Lake Forest Parks and Recreation Department my permission to contact my child's pediatrician if necessary. _____ (Please initial)
2. I give permission for my child, _____, to receive emergency medical care. This may include but is not limited to first aid administered by staff, child's pediatrician, paramedics, emergency treatment at Lake Forest Hospital.
3. I give the Lake Forest Parks and Recreation Department permission to take _____ on Carefully supervised excursions with the group. I understand that I will be informed of each trip in advance.

Parent's signatures: _____ Date: _____
_____ Date: _____

Please read this form carefully and be aware that by registering for and participating in this program(s), or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Lake Forest Recreation Department and the City of Lake Forest for any claims arising out of participation in said program(s).

Risk of Injury

"As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

Release from Liability

"I do hereby fully release and discharge the Lake Forest Recreation Department and the City of Lake Forest and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.

Indemnity and Defense

"I further agree to indemnify, hold harmless and defend the Lake Forest Recreation Department and the City of Lake Forest and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, I authorize the Lake Forest Recreation Department to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

ACKNOWLEDGED AND AGREED TO THIS _____ DAY OF _____, 20_____

Authorized Signature: _____

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

KINDERHAVEN PICK UP & DROP OFF POLICY

Kinderhaven Preschool Academy highly recommends that parents/guardians pick up and drop off on time for the children to get the full experience of school. It is also helpful for the children to feel secure and included in every aspect of school. There may be extenuating circumstances that would create a late pick up. If this occurs, the following procedure will be in place:

- Please call (847-810-3947) or text (948-613-0181) the director and inform the staff of an approximate time of arrival.
- The teachers will stay with your child until pick up by an authorized person can occur.
- If no one arrives to pick up your child at the appropriate pick-up time, the following steps will be in place:
 - » After 10 minutes have passed since the pick-up time, the parents will be called using the number from the sign in sheet or the child's file.
 - » If there is no response within 20 minutes, the emergency contact will be contacted.
 - » If it is possible, the child will remain in the Kinderhaven classroom with the teacher(s) or director; however, if 30 minutes has transpired past the appropriate pick-up time, the child may be taken to the front office of the rec. center. The Kinderhaven director, or the teachers will continue to try to contact the parents or emergency contact.
 - » Upon pick up, the parents/guardians will be reminded of the importance of a timely pick up.
 - » If late pick up is chronic (three times without valid excuse), the offending family may be asked to pay a fee for additional care services (\$1.00 per minute).

Thank you for your attention to our pickup and drop off policy. It is very important in the life of the school and your child that the timeliness of pick up and drop off is honored.

I have read and understand Kinderhaven's drop off and pick up policy.

Parent/Guardian

Date

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

EMERGENCY INFORMATION

Child's Name: _____ Birthdate: _____

Class: _____ Address: _____

Parent #1 Name: _____ Parent #2 Name: _____

Parent Address: _____

Parent #2 Address (If different): _____

Parent #1 Work Name: _____ Parent #2 Work Name: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Work hours: _____ Work hours: _____

Cell Phone: _____ Cell Phone: _____

Persons Authorized to pick up my child are: (please include parents in car pool)*:

Primary list:

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

Contingency list:

3. Name: _____

Address: _____

Phone: _____

4. Name: _____

Address: _____

Phone: _____

*Note: if someone other than those listed above will be picking up your child on any given day, you must provide Kinderhaven with written permission for your child to leave with that person. Without written notification, we cannot release your child.

IN AN EMERGENCY:

Physician's Name: _____ Phone number: _____

Address: _____

Any Medical concerns (ie. allergies, etc.): _____

*Please list (in order of preference) those persons that we are authorized to call and release your child to in case of an emergency or illness should the parents be unable to be reached.

1. Name: _____ Address: _____

Phone: _____ Relationship to child: _____

2. Name: _____ Address: _____

Phone: _____ Relationship to child: _____

3. Name: _____ Address: _____

Phone: _____ Relationship to child: _____

Parent Signature and Date: _____

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent of authorized representative, I hereby give consent to KINDERHAVEN PRESCHOOL ACADEMY to obtain all emergency medical treatment prescribed by a duly licensed physician (M.D.) or osteopath (D.O.) for _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above. Whenever possible, the parent/guardian of the above child will be contacted prior to contacting an ambulance or other emergency transportation.

Emergency transportation will not be delayed, however, if contact with the parent/guardian is not made PRIOR to the necessity of the transportation.

Parent/Guardian

Date



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013



Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian	Telephone # Home	Work	
Street	City	Zip Code				

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

COMMENTS:

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature _____

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease _____ Signature _____ Title _____ Date _____

3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results _____ Date MO DA YR _____ (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
Date													Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade													
	R	L	R	L	R	L	R	L	R	L	R	L	
Vision													
Hearing													

Student's Name Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID #
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> • Bridge <input type="checkbox"/> • Plate Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____	Parent/Guardian Signature _____ Date _____				
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)					
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.
Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** _____ (Blood test required if resides in Chicago.)

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. **No test needed** **Test performed**
Skin Test: Date Read / / **Result: Positive** **Negative** **mm** _____
Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified, please attach explanation.)

PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** (for one year) Yes No Limited

Print Name	(MD,DO, APN, PA)	Signature	Date
Address		Phone	

(Complete both sides)

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

HEARING AND VISION AGREEMENT

I, _____, parent/guardian of _____, understand that I am responsible for having my child's hearing and vision tested at age 3 as indicated by DCFS regulations.

Signature: _____

Date: _____

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

SUPPLEMENTARY INFORMATION FORM

Although this may seem like a long form, the answers you provide will be helpful to the Kinderhaven teachers in getting to know your child and in providing the best program for your child. Thank you for taking the time to fill this out.

1. Child's full name: _____ Nickname: _____ Birthdate: _____

Address: _____ Phone Number: _____

Parent #1 Name: _____ Parent #2 Name: _____

2. What activities interest your child the most? 1) _____

2) _____ 3) _____

3. Does he/she naturally use: Left hand Right hand Both hands

4. Weather permitting, does your child play outdoors daily? _____

5. Please explain likes, dislikes, or fears: _____

6. With whom does your child spend the greater amount of time: Adults Children Ages? _____

7. Please list siblings and ages:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

8. Does your child have any known health problems? (ie. allergies, other concerns that we should be aware of), please explain: _____

8a. List any medications currently being taken: _____

9. Does your child have any physical limitations (ie. vision, hearing, fine motor), explain: _____

10. Please explain any developmental (or other) concerns that you have regarding your child: _____

11. Please explain the primacy type of discipline used at home: _____

11a. Please explain how you reward/praise your child for positive behavior: _____

12. Please check the items that your child uses at home or has had previous experience with:

scissors paint crayons markers glue

13. Please discuss your child's experience with books and literacy development. _____

14. Has your child had other preschool experience? Please list school(s) and dates: _____

15. Will your child be attending any other preschool in addition to Kinderhaven? _____

If yes, please list school and days/times. _____

16. What do you, as a parent, expect your child to gain from his/her Kinderhaven Preschool experience?

17. Is there any additional information about your child that would be helpful to the Kinderhaven teachers?

For example, any special family circumstances, ie. new baby, grandparent living in the home, an adoption, one parent travels a lot - (these types of changes in a child's regular routine may impact a child's outlook or behavior in school): _____

18. What Kindergarten will your child go to? _____

19. Are there any cultural or ethnic traditions that we should be aware of or that you would like to share with the class? _____

20. We welcome parents to be active participants in school. If you have any special talents or interests that you would like to share with the students, please describe: _____

21. Optional: We often look for parents or community members to talk to the children about their occupations. Please state your occupation(s). _____

21. For children in the Purple Class: Please explain where your child is at with toilet training: _____

Parent/Guardian

Date

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

CLASS LIST INFORMATION AND PERMISSION FORM

Each year we develop a class list (name, address, telephone, and e-mail list) that is distributed to each family in the school. Please sign below to give us permission to include your family on the list.

Please print the respective names, address, telephone number(s) and e-mail clearly so that all of the information is correct.

Note: if there is information that you do not want printed, leave it blank. Any information that is not included will not be printed.

Child's name: _____

Kinderhaven Class: _____

Parent #1 name: _____

Parent #2 name: _____

Parent #1 address: _____

Parent # 2 address (if different): _____

Parent #1 Cell Phone: _____

Parent #2 Cell Phone: _____

Parent #1 e-mail address: _____

Parent #2 e-mail address: _____

I understand that the above information will be included in the class list and will be distributed to all of the families in my child's class.

Signature: _____ Date: _____

State of Illinois
Illinois Department of Children and Family Services

, VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)
received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

PARENT CHECKLIST OF IMPORTANT INFORMATION

Child's name: _____

Parent/guardian's: _____

Please initial:

1. I understand that Kinderhaven is a Reggio-inspired school, which means that the process is the vital component of learning. Worksheets and craft projects are not a part of the curriculum. A portfolio will be given to my child at the end of the year and some projects may go home throughout the year. _____
2. Pick up and drop off should be on time. If there is an extenuating circumstance, I will call/text the school and let them know my approximate time of arrival. I have submitted the late pick-up signature form. _____
3. I will receive communication from the teachers and school in a variety of ways: weekly class newsletters, the director's newsletter, social media sites, Shutterfly, and the website will have needed forms and information. _____
4. I will work with volunteer coordinator to find a volunteer opportunity. I acknowledge that I am under no obligation to volunteer, but volunteering is encouraged by the school. _____
5. I understand that the school is "NUT FREE." Due to excessive allergies, outside treats may not be brought into the school. This includes snacks that may be in my child's backpack. If snack and lunch are required, I will make sure they do not contain nuts or are made in a facility with nuts. _____
6. Birthdays are celebrated at school if the parent/guardian asks the teachers to acknowledge their child's special day. **Edible outside treats must be approved by teacher/director prior.** The child is encouraged to bring in a gift from the school's wish list and share it with the class. Parents are encouraged to come in and read a story or do an activity with the class in celebration. _____
7. Invitations to parties, including birthday parties are allowed to be distributed to the students at school only if ALL the child's classmates are invited. _____
8. I understand that working in the classroom will put me into contact with all the children. I will value their privacy and the privacy of the teachers concerning my observations. _____
9. I acknowledge that the teachers are not allowed to change diapers or pull ups. They may attempt to guide a child through toileting, but if the child needs direct contact assistance, I will be called to change my child. _____
10. I understand that my child should not attend school if he/she is exhibiting signs of illnesses, such as an extremely running nose that he or she cannot wipe or blow, fever, severe rashes, vomiting or any other form of illness. They must be "fever free" for 24 hours before returning to class. _____

11. I understand that my child will be participating in “compassion projects” throughout the school year. I will assist my child in these projects as needed. _____
12. I have a copy of the Parent Handbook, read it and acknowledge its contents. I will abide by the information given in the book. _____
13. Staff is encouraged to not be on any social media with parents while their children are currently enrolled in the school. _____
14. I understand that the school playground rules apply at all times to my child. No rough play, weapons, pulling flowers or tree branches, and damaging property is allowed. _____

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

CHILD GUIDANCE (DISCIPLINE) POLICY

During the early childhood years, children are learning to be in charge of their own behavior. We believe in establishing consistent, easy-to-understand limits and in having teachers who respond to inappropriate behavior with insight, sensitivity, and skill. When clear, consistent, and age-appropriate limits are present, children increasingly become responsible for themselves.

When behaviors that are not appropriate happen, we believe it is important for children to understand why the behavior is inappropriate and how to modify it.

We work to prevent behavior problems by arranging the classroom so that children can gather in large and small groups and have a variety of activities. The wide range of activities will give children the freedom and ability to experience success and become more self-directed.

Teachers are trained to skillfully redirect behavior when needed. Children are encouraged to problem-solve, cooperate, and verbalize and work conflict, interactions, and emotions. Teachers act as role models and encourage children's appropriate behavior. They will give children age-appropriate tools in order to assist them in solving problems and verbalizing emotions.

Corporal punishment is never permitted, and discipline will not be associated in any way with food, toileting, or rest!

We believe that it is our responsibility to provide children with positive guidance and in our experience most children respond well to this approach. In the event that a child does not respond, we will notify the parents and work closely with them to develop a plan to help the child gain self-control and a positive attitude toward their teachers and peers. This will come in the form of a face-to-face meeting(s). Should the child's continued negative behavior put themselves, their peers, or teachers at risk of physical harm or if the child continually damages Kinderhaven/Rec Center property, we reserve the right to ask the parent to withdraw the child from Kinderhaven.

I have read and understand the above CHILD GUIDANCE (DISCIPLINE) POLICY.

Parent/Guardian

Date

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

PERMISSION FOR PICTURES



My child, _____, may be included in any picture taken at school; these photos will be uploaded to a private Shutterfly page that only current families have been invited to join.

Parent/Guardian

Date

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

PERMISSION FOR WALKS



I give permission for my child, _____, to accompany his/her class on walks in the nearby vicinity. I understand that the Kinderhaven staff will take every precaution to ensure the safety of my child.

Parent/Guardian

Date

KINDERHAVEN PRESCHOOL - LAKE FOREST PARKS AND RECREATION

SOCIAL MEDIA RELEASE FORM

Kinderhaven Preschool Academy utilizes social media sites (i.e. Instagram and Facebook) as a way to promote the activities of our school and as a vehicle to keep parents/guardians/family and prospective families aware of the workings of our school day and school activities. I understand that even if I deny permission, my child may be in the background of some photos that will be utilized.

Please only select one of the below options:



I give my permission for photos/images of my child to be used by Kinderhaven Preschool Academy and the Lake Forest Recreation Center for social media purposes.

Parent/Guardian Signature



I **DO NOT** wish for my child's photos to be used for Kinderhaven social media or to be used in Lake Forest Recreation media (i.e. website, program guide & social media pages)

Parent/Guardian Signature