

LEAPFROG LEARNING CENTER Inc

PERMISSION FORM and RECEIPT OF INFORMATION

I hereby grant permission for my child, _____, to use all of the play equipment (both indoor and outdoor) and to participate in all of the activities of the Leapfrog Learning Center Inc. I understand that the playground is across the parking lot, therefore, teachers will follow safety procedures; count and roll call children before and after playground time, one teacher will lead the children on the sidewalk to the crosswalk and stop, look and listen before they cross the street, a second teacher will be in the back of the line. Playgrounds are fenced and teachers will bring the playground log and a cell phone while outside.

I hereby grant permission for my child to leave the premises of the Leapfrog Learning Center Inc. under the supervision of Leapfrog Learning Center Inc. staff for neighborhood walks or field trips.

I understand that from time to time the school organizes field trips during which my child (children) will be transported in a commercial school bus. I further understand that children are not permitted to participate in such trips without explicit written permission (note that parents are welcome to accompany their children on such trips). I hereby release the Leapfrog Learning Center Inc. (and its officers and/or agents) of any and all liability for accidents and/or injuries that might be sustained during such trips.

I hereby grant permission for my child to be photographed and for such photographs to be displayed in the school, appear in school publications, and displayed on Leapfrog's websites and "Facebook."

I hereby grant permission for my name, address, email, and phone numbers (as well as my child's name and age) to appear in the Leapfrog address book which I understand may be distributed to other Leapfrog parents to facilitate arranging "play dates."

I understand that Leapfrog policy permits the staff to administer medication to my child under certain circumstances described in the Parent Handbook. If Leapfrog is requested to dispense medication, I hereby release the Leapfrog Learning Center, Inc. (and its teachers, officers and/or agents) from any and all liability related to the dispensing of such medication.

I hereby grant permission for Leapfrog teachers to help my child in the bathroom if necessary.

I hereby grant permission for Leapfrog Learning Center Inc. staff to take whatever steps may be necessary to obtain emergency medical care if warranted. I understand these steps may include:

- * Attempt to contact parents or guardians at home/cell/office.
- * Attempt to contact parents through any of the persons listed on the medical form.
- * Attempt to contact child's physician.
- * Call an ambulance and take your child to the emergency room of a hospital.

I have received, read, and understood a copy of the Leapfrog Parent Handbook and hereby accept all terms and policies therein described, including: (please check)

- | | |
|--|--|
| <input type="checkbox"/> Information to Parents Document | <input type="checkbox"/> Positive Guidance and Discipline Policy |
| <input type="checkbox"/> Policy on the Release of Children | <input type="checkbox"/> Methods of Parental Notification Policy |
| <input type="checkbox"/> Use of Technology and Social Media | <input type="checkbox"/> Expulsion Policy |
| <input type="checkbox"/> Policy on Communicable Disease Management | |

Refusal to abide by these policies is grounds for mid-year dismissal with the forfeiture of the related deposit. The Leapfrog Learning Center is not responsible for anything that may happen as a result of false information given on the enrollment forms.

SIGNED: _____ (Relationship _____)
(Parent or Legal Guardian)

Please Print Full Name: _____

Date: _____