



Family Authorizations

Child's Name _____ Date _____

Routine Walk

Routine walks are an important part of the children's involvement in the community and offer an interesting addition to the curriculum. Routine walks are defined as walks that occur north, south or east of the center in a three block radius that does not include using the High St. sidewalk or crossing High St. Routine walks do not include entering any businesses, buildings, or parks. Appropriate teacher/child ratios are maintained and a first aid backpack and cell phone are carried by a teacher on all walks. All trips not defined by this form will require a parent's signature on a separate form.

_____ I give permission for my child to accompany teachers of North Broadway Children's Center on routine walks.

_____ I **do not** give permission for my child to accompany teachers of NBCC on routine walks. I will make special arrangements with the teachers and center director for my child's care during routine walks.

Permission to photograph

Children are often photographed by teachers for curriculum documentation purposes. Occasionally, classes may be videotaped by staff to record special events, developmental patterns, individual play examples for parents or teacher/child/parent interactions to be used for training and supervision of staff.

_____ I give permission for my child to be photographed and/or videotaped by North Broadway Children's Center.

_____ I give permission for my child to be photographed and/or videotaped by North Broadway Children's Center for documentation purposes only.

_____ I **do not** give permission for my child to be photographed and/or videotaped by North Broadway Children's Center.

Family Roster

I give permission for my family's information (including parent's names, children's names, address and phone numbers) to be added to the parent roster.

Parent #1 Name _____ Yes _____ No _____

Parent #2 Name _____ Yes _____ No _____

Medical Information

_____ I give NBCC permission to receive my child's medical information as listed on the Child Medical Statement, and if necessary, on the Child Health Care Plan form.

Turn over for more authorizations



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Shutterfly Share Site

Each classroom in NBCC has created and will maintain a Shutterfly share-site as a way to share information with families about things that are happening in their classrooms. The teachers will post classroom information, as well as photos and videos of the children on the Shutterfly site. Parents in each classroom will be invited to join the Shutterfly site for their child's classroom. If you wish to join their Shutterfly site, you will receive weekly email updates for the share-site. The share-site is password protected, and only those persons who have been invited and choose to join will be able to see the share-site. The Shutterfly share-site is a free service and you will receive advertisements from Shutterfly.

Please sign below to give us permission to post photos and videos of your child on the Shutterfly share-site.

If you choose to join the classroom's Shutterfly site, your email will be able to be seen by the other families who have also joined the site.

Please acknowledge below that you are aware that your email address will be available to other members of your child's classroom share-site. If you do not want your email address to be available, you may choose not to join the share-site. (Or you may want to create an email address just for the share-site.)

My child's name and classroom _____

_____ I give permission for photos of my child to appear on the Shutterfly share-site for his/her classroom.

_____ I *do not* give permission for photos of my child to appear on the classroom Shutterfly share-site.

_____ I understand that my email address will be available to the other persons who have joined the Shutterfly share-site.

_____ I do not wish to join the classroom's Shutterfly share-site.

Nationwide Children's Behavioral Health – Early Childhood Social/Emotional Health Consultation

This consultation program is a community-based prevention program that provides in-school services to students, families, and preschool/kindergarten staff at school/centers. Each school is assigned a specific consultant. That person will spend time each week at the center observing the children and classrooms, working with teachers, administrators, families and children. Their goals are to increase social emotional health, trainings to teachers around how negative life events affect child development and behavior, and meeting with teachers and families to problem solve difficulties in the classroom. Please be aware that the consultant will at times be observing in your child's room.

Parent signature confirms that the parent understands and agrees with the above information.

Parent's Signature _____ Date _____