

# General Permission Slips

## 1. Nap Release

I give permission to the GBLB teachers in the *Infant* room to put my child, \_\_\_\_\_, to sleep on his/her back as recommended by the American Academy of Pediatrics. All other sleep positions need to be in writing, approved by your child's pediatrician, and kept in his/her file.

**Infant** Parent/Guardian Signature & Date: \_\_\_\_\_

I understand that the GBLB teachers in the *Toddler, Preschool and Pre-K* rooms may rub my child's back in an effort to help quiet and relax him/her.

**Toddler, Preschool or Pre-K** Parent/Guardian Signature & Date: \_\_\_\_\_

## 2. Local Walking Trips

I give the teachers of GBLB my permission to take my child, \_\_\_\_\_, on local walking trips around the neighborhood. These trips may lead to my child playing at the local public schools playgrounds and/or Simon's park area where there will be play yard equipment involved. I understand that my permission for any trips requiring a train, bus, or private vehicle will be given as needed.

Parent/Guardian Signature & Date: \_\_\_\_\_

## 3. Visitor Information

GBLB may choose to allow students from local high schools and colleges to visit, observe, and/or student teach in our classrooms. During this time the students take notes on what they observe, interact with the children, and inquire about our programs, all of which will only be used within their classroom settings and not for outside public use. This is a requirement in the Early Childhood Education classes offered locally. GBLB will be proud to offer such a service to our community. \_\_\_\_\_ has my permission to be in the classroom when a student is observing the class.

Parent/Guardian Signature & Date: \_\_\_\_\_

## 4. Photo Release

GBLB may use photos of your child around their classrooms, displayed on their classroom door, and elsewhere. I give my permission for \_\_\_\_\_'s photo to be taken with the knowledge that only their first name will be placed on or near their photo. No photos for advertising, or photo's outside of GBLB care, will be used without my prior consent.

Parent/Guardian Signature & Date: \_\_\_\_\_

## 5. Transportation Plan

My child will **arrive** at the program:

Parent Drop off  
 Supervised Walk  
 Public/private van/bus  
 Other \_\_\_\_\_

My child will **depart** from the program:

Parent Pick up  
 Supervised walk  
 Public/private van/bus  
 Other \_\_\_\_\_

Parent/Guardian Signature & Date: \_\_\_\_\_