

## CENTRALIA COLLEGE - CHILDREN'S LAB SCHOOL

1st Child Participating in Program	2nd Child Participating in Program	(Circle One) Do you have a restraining order against anyone? YES NO If you circled yes we need a copy of order for our files & photo if possible.
3rd Child Participating in Program	4th Child Participating in Program	
1st Custodial Parent/Guardian (print)	2nd Custodial Parent/Guardian (print)	Name all persons being restrained:
		Restraining Order ends on: Give Date:

### EMERGENCY CONTACT/ALTERNATE CARE/PICK-UP FORM

All those authorized must be listed below or be a legal parent/guardian.

Name (Required by law) <b>1.</b>	Relationship	Home Phone	Work Phone
Address	City	State	Zip
Name (Required by law) <b>2.</b>	Relationship	Home Phone	Work Phone
Address	City	State	Zip
Name (Optional) <b>3.</b>	Relationship	Home Phone	Work Phone
Address	City	State	Zip
Name (Optional) <b>4.</b>	Relationship	Home Phone	Work Phone
Address	City	State	Zip

### PROGRAM ENHANCEMENT PERMISSION AUTHORIZATION

**The provider has my permission to (Circle 'Yes' or 'No'):**

- |     |    |   |
|-----|----|---|
| Yes | No | Take photos of my child and state 1st name in community newspaper.                                    |
| Yes | No | Take photos of my child and list child's 1st name and age in campus newspaper.                        |
| Yes | No | Go on supervised off campus walking field trips (example: library, grocery store, park, post office). |
| Yes | No | Administer sunscreen and diaper ointments as needed for my child.                                     |

### VERIFICATION AUTHORIZATION

Each time you need to **call** to have someone other than people you have listed above pick up your child you must:  
**(1)** ask for a teacher **(2)** give teacher your name **(3)** give teacher full name of person authorized to pick up your child.

You must then give us verification of who you are. Please include the following so we can use this information for verification. At the time of the phone call we will ask you 2 of the following 4 questions to verify who you are:

Maiden Name of Custodial Parent/Guardian's Mother	Custodial Parent/Guardian's Social Security Number
Birthdate of Custodial Parent/Guardian's Child	A Password

PARENT HANDBOOK

I have read the Parent Handbook that I received with my child(ren)'s application packet and agree to abide by all the policies and procedures as they have been explained to me.

Please sign acknowledging all information on this form.

\_\_\_\_\_  
Custodial Parent/Guardian Signature

\_\_\_\_\_  
Today's  
Date