PARENTAL AGREEMENTS WITH CHILD DEVELOPMENT LAB AT THE MCPHAUL CENTER

1. The Child Development Lab at the McPhaul Center agrees to provide day care for
   _____ (name child is called)
   on **Monday - Friday**, 7:30 a.m. to 5:30 p.m.

   From **August** through **July**. My child will participate in the following meal plan:

   (Check Applicable meals and snacks):
   Morning Snack _____ Lunch _____ Afternoon Snack _____

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s); person authorized by parent(s) or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. The Child Development Lab at the McPhaul Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for the Child Development Lab at the McPhaul Center

_____ _____

Signature (Parent/Guardian) Date

_____ _____

Signature (Faculty Administrator) Date

CHILD DEVELOPMENT LAB AT THE McPHAUL CENTER

Child Enrollment Contract /Emergency Medical and Pick-Up Authorization

Emergency Information:
Child's Name: _____Birthdate: ____/____/____
Home Address: _____
Child's Living Arrangements: (check one) _____ Both Parents . Mother . Father . Other

Parent/Guardian: _____e-mail address: _____
Place of Employment name/address: _____
_____

Phone Number(s) **PLEASE CIRCLE THE BEST WAY TO CONTACT YOU IN AN EMERGENCY**
(work): _____ (home): _____ (cell): _____

Parent/Guardian: _____ e-mail address: _____
Place of Employment name/address: _____
Phone Number(s) **PLEASE CIRCLE THE BEST WAY TO CONTACT YOU IN AN EMERGENCY**
(work): _____ (home): _____ (cell): _____

Insurance Company: _____Policy Number: _____

Policy Holder's Name: _____
Child's Physician or Clinic's name (Child's Primary Health Source): _____
_____ Phone Number: _____

Emergency Contact:
In the event that I/we cannot be reached in an emergency, contact:
(Please list someone who is ***local*** OTHER than parents/guardians)

Name: _____
Address: _____
Phone (work): _____ (home): _____ (cell): _____

This person has my/our permission to aid in an emergency, including transporting my/our child to the designated medical facility or other location for care.

In the event that I/we or the above designated person cannot be reached to make arrangements for emergency medical treatment at the time of illness or accident of my child, _____, I/we hereby authorize The Child Development Lab at the McPhaul Center staff or the University of Georgia Campus Police to administer first aid/CPR and/or call an ambulance and/or take my child to the Emergency Room of _____Hospital for medical treatment.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Special Information:

1. Does your child have any food or drug allergies, or special medical needs or conditions? yes/no
   If yes, please describe: (attach additional sheet of paper if needed)
   _____
   _____
   _____

2. Does your child currently take prescribed medications on a daily basis for a chronic condition? yes/no If yes, please describe: (attaché additional sheet of paper if needed)

_____

_____

3. The following special accommodation(s) may be required to most effectively meet my child's needs while at this center

_____

_____

I/we agree that any fees associated with the provision of emergency medical treatment will be my/our responsibility. I/we also agree to keep the CDL advised of any changes in the above information.

PICK-UP AUTHORIZATION

My/our child may be released to the persons signing this agreement or to the following persons:

Name: _____ Relationship to child: _____
Address: _____
Phone Number: (work) _____ (home) _____

Name: _____ Relationship to child: _____
Address: _____
Phone Number: (work) _____ (home) _____

Name: _____ Relationship to child: _____
Address: _____
Phone Number: (work) _____ (home) _____

The following information is asked for identification purposes. In the event that you need to call and authorize pick-up by someone other than those listed above, we will ask you for this information if we are unable to recognize you by voice.

Mother's birthdate: _____
Father's birthdate: _____
Mother's maiden name: _____

I/we understand that it is my/our responsibility to keep the center advised of changes in any of the above information.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Faculty Administrator Signature Date

CHILD INFORMATION

The purpose of this record is to help the center staff gain a better understanding of your child. In order to accomplish this and to have a family-teacher-child relationship, we would like to have all parents/guardians, where possible, complete this form. Please feel free to add any other information which you think might be helpful.

I. GENERAL INFORMATION

Date _____

Full Name of child _____

What is child called? _____

Gender _____ Age upon entering the Child Development Lab _____

Date of Birth _____ Place of Birth _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

II. FAMILY INFORMATION

List all members of the family.

Parents/Guardians	Ethnicity
_____	_____
_____	_____

Siblings

Name	M/F	Age	Date of Birth	Ethnicity
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____

What language is primarily spoken in the home? _____

Other information?

_____

III. ROUTINES

A. Eating

Would you describe your child's appetite as excellent, good, fair, poor? _____

What time does your child usually eat breakfast _____, lunch _____, dinner _____.

How often does child have in-between meal snacks? _____
Does your child drink from cup _____ alone; _____ with assistance

What foods does your child seem to like? _____
_____
_____

What foods does your child seem to dislike? _____
_____
_____

B. Sleeping

Time your child goes to bed: _____ Time your child wakes up: _____

What is your child's general attitude at bed time? _____
_____

Describe any specific activities or routines your child has before going to bed. _____
_____
_____

Does your child: have a room of his/her own? _____

sleep alone? _____

take a daily nap? _____

If yes, at what time? _____ Length of nap? _____

If not, does child have a rest period during the day? _____

Does your child go to sleep easily: at naptime? _____ at night? _____

Does your child have any problems connected with sleeping?(sleep walking, talking, bed dreams, etc.) _____

If yes, describe: _____
_____

Other information?

_____

C. Toileting

At what age was training started? _____ Is your child toilet trained? _____

How does child react to toilet accidents? _____
_____

State any irregularities or difficulties connected with toileting: _____
_____

D. Self Help

Circle items which your child usually does **without assistance:**

Dresses	Undresses	Chooses clothes to wear
Ties shoes	Washes hands	Washes face
Toilets & wipes	Brushes Teeth	Combs hair
Puts clothes/toys away		

III. PERSONALITY AND BEHAVIOR

Parents' method of child management: _____
_____
_____

Briefly describe what you consider to be the most attractive characteristics about your child:
_____
_____

What is the most challenging characteristic about your child? _____
_____

In what particular way(s) do you believe we can help your child be successful in our program?
_____
_____
_____

What would you like to see your child learn or accomplish this year? _____
_____
_____
_____

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Authorization to Dispense External Preparations

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

Child's Name _____ Date _____

I hereby give the **Child Development Lab at the McPhaul Center** permission to apply one or more of the following products, in accordance with directions on the container
(Check all that apply):

	Baby Wipes
	Band-aids
	Neosporin, Bacitrin or similar ointment
	Bactine or similar first aid spray
	Sunscreen
	Insect Repellent
	Non-prescription ointment (A&D, Desitin, Vaseline, etc.)
	Other (please specify):
	Other (please specify):

I hereby request that the **Child Development Lab at the McPhaul Center** administer the checked products in accordance with the directions on the container.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Child's Name _____

PARENT HANDBOOK AGREEMENT

I (we) have received and read a copy of the Child Development Lab at the McPhaul Center Parent Handbook. I (we) understand and agree to abide by the policies and procedures stated therein.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

FAMILY DIRECTORY INFORMATION

The CDL publishes a family directory every year. This directory provides your home information to other families at the CDL so that you can contact one another at will. This information is not shared with any source outside of the CDL. Please indicate below if you would like to have your information shared with other CDL families.

_____ I **DO NOT** want my personal information shared in the CDL Directory.

_____ **YES. PLEASE** include my personal information in the CDL Directory.

_____ _____

Parent Signature Parent Signature

1/28/2010

FAMILY INVOLVEMENT INFORMATION
CHILD DEVELOPMENT LAB AT THE MCPHAUL CENTER

Parent involvement is an essential ingredient for a successful child development program. This form will help define the parent interest areas that can be a classroom resource throughout the year.

Read through the following list of information. Choose those activities that interest you and mark the line prior. We appreciate your time and look forward to your visit in our classroom.

____ Accompany class on a field trip
____ Take part in a cooking experience
____ Play a musical instrument for children - **Instrument**: _____
____ Sing a song with children
____ Read or tell a story to children
____ Help with children's garden on big playground
____ Share something about your occupation - **Occupation**:
____ Invite children to visit your place of work - **Workplace**:
____ Share cultural customs or traditions (clothing, foods, music, books, etc.)
____ Teach simple words/phrases from a different language - **Language**:
____ Assist children with woodworking projects
____ Sew/mend items used in classroom (pillows, dress up clothes, doll clothes)
____ Help make "teacher-made" games for classroom use
____ Dictate children's stories or record music on tapes
____ Help organize family/parent events
____ Provide coffee/tea/juice for parent nights/workshops
____ Assist in classroom
____ Assist teacher with work outside classroom (straightening closets, going to library for books, errands)
____ Repair/assemble toys and equipment
____ Plan and lead simple science or knowledge activities
____ Other - please specify _____

Would you be willing to share these skills with other classrooms beside your child's?_____

Thanks for your contribution!

Parent/Guardian: _____ Parent/Guardian: _____

Telephone: (work) _____ Telephone: (work) _____
(home)_____ (home) _____

Best time to call: _____ Best time to call: _____

Date: _____

1/27/2010

Child Development Lab at the McPhaul Center
University of Georgia
Media Consent and Release Form

The Child Development Lab (CDL) at the McPhaul Center is a part of the College of Family and Consumer Sciences at the University of Georgia. As a part of our effort to educate the broader community about our research, service, and teaching opportunities, we occasionally participate in presentations and events for positive education purposes concerning the various instructional and extracurricular activities that take place during the year. These presentations/events may include videos, photographs, college and university websites, and articles. These may be used in parent programs, staff development and community relations, such as newspaper articles and TV presentations. The media-- newspaper, radio, television-- sometimes make requests to videotape, interview and/or photograph children for news purposes. Given the age of the children cared for at the CDL, any "interviews" will be limited to simple questions-- such as your child's favorite part of the day-- and will always take place with a CDL staff member present. It is more likely that your child may be photographed for "feature" photos for the newspaper.

I certify that I am the parent or legal guardian of _____(print name of child).

I hereby grant the Child Development Lab at the McPhaul Center the following rights, subject to parent's right to revoke in writing:

> The right to use my child's name, photograph, picture, portrait, likeness, and voice (hereinafter collectively known as "image") in connection with its educational materials or for any other legitimate purpose;
>
> The right to use, reproduce, publish, exhibit, distribute and transmit my child's image individually or in conjunction with other images or printed matter in the production of motion pictures, media releases, television tape, sound recordings, still photography; and
>
> The right to record, reproduce, amplify and simulate my child's image and all sound effects produced.

I understand and agree neither I nor my child will receive compensation, now or in the future, in connection with the use of my child's image. I hereby release and forever discharge the Child Development Lab at the McPhaul Center and the University of Georgia, their members individually and their officers, agents, and employees from any and all claims, demands, rights and causes of action of whatever kind that may have, either in my own behalf or in my capacity as legal representative of my child, caused by or arising from the use of my child's image, including all claims for libel and invasion of privacy.

I understand that acceptance of this Consent and Release Form by the Child Development Lab at the McPhaul Center and the University of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I certify that I am at least 18 years of age and I have read and understood the above.

PARENT/GUARDIAN SIGNATURE_____DATE_____

PRINTED NAME_____

ADDRESS_____

_____

RESEARCH CONSENT FORM

One of the functions of the Child Development Lab at the McPhaul Center is to conduct research by center staff, faculty members, and graduate students. Generally, three types of studies are conducted.

1. Studies of *family functioning* involve questionnaires, interviews and observations of family interaction. These studies help us to better understand development of interaction patterns in families with young children.

2. Studies of *children's groups* include observation of groups in classrooms, game-type situations, and interviews with children. These studies help us to understand how social interactions and skills develop and how they affect group dynamics.

3. Studies of *individual differences* involve studies of perceptual processes, reasoning and logic, and behaviors and processes of personalities. These studies help us to describe stages of development, their progression, and the relationship to personality and social development.

All children enrolled in the Child Development Lab are subject to participation in observational studies. Observations of children are conducted by faculty, staff and students both inside the classroom and from the observation booths. For research that requires interactions between children and researchers, or requires children to be taken from the classroom, a separate and specific consent form will be provided to parents.

All data is considered confidential and analyses are conducted with coded identifications. Unless we are required by law, no identifiable data regarding any member of your family will be related without your written consent.

Research studies at the Child Development Lab are conducted under the supervision of Amy Kay, Interim Director, Child Development Lab. Inquiries about research at the Child Development Lab may be directed to Amy Kay at (706) 542-4921. Research at The University of Georgia involving human subjects is conducted under the oversight of the Institutional Review Board. All research conducted at the Child Development Lab is approved by this Board. Questions or problems regarding these activities may also be addressed to Dr. Benilda Pooser, Human Subjects Administrator, Institutional Review Board, Office of the Vice President for Research, The University of Georgia, 612 Graduate Studies Research Center, Athens, Georgia 30602; Telephone (706) 542-3199.

I have read and accept the above information concerning research at the Child Development Lab at the McPhaul Center. I agree to participate and give consent for my child to participate in studies conducted at the Child Development Lab.

Parent(s) Name or Legally Responsible Person for _____(child's name)

_____ _____

(Please Print) (Signature & Date)

_____ _____

(Please Print) (Signature & Date)

1/28/2010

Child's Name _____

Translation Available

We are fortunate to serve a diverse population at the Child Development Lab at the McPhaul Center and strive to accommodate the needs of every family including any language barriers that may hinder communication. If you speak English as a second language and feel the need for a translator, one will be arranged.

_____ I would like to have a translator.

_____ I do not need a translator.

1/29/10

Walking Field Trip Permission

My child, _____ , has permission to take walks, stroller rides and/or wagon rides around the University of Georgia's South Campus with the Child Development Lab at the McPhaul Center. I understand that these excursions are informal and notice will be posted in the classroom at the time of the trip (with the notice stating the destination, the time the class left the room and the estimated time of return.)

_____ _____

Parent Signature Date

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____