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| Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PARENT’S RIGHT TO KNOW AND PERMISSIONS** |
| **PARENTS RIGHT TO KNOW NOTICE**http://t2.gstatic.com/images?q=tbn:ANd9GcT1bk3GhRm4bz6eC0vazot1z4w_bYkp5_aoheB5VvABqAXEcL1ufQEH4APer the Delaware code, you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a record contact: administrative specialist, 821 Silver Lake Blvd~Suite 103, Dover De 19904 (302)-739-5487. You may also view substantiated complaints and compliance review histories for the past five years by visiting the Office of Child Care Licensing’s child care search at https://kids.delaware.gov/occl/search-for-child-care.shtml |
| **I acknowledge I received this notice as part of the application packet.** | **Parent/Guardian Signature** |  | **Date** |
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|  **PARENT PERMISSION FOR SCREEN TIME USAGE** Children may have an educational movie or program shown during the day. Gaming devices, tablets, phones, or computers may also be used. These activities will be supervised, age appropriate, educational, and not exceed one hour in length. **C:\Documents and Settings\kelly.collins\Local Settings\Temporary Internet Files\Content.IE5\9LPOM9YH\MC900339830[1].wmf** |
| **I hereby authorize my child to have screen time activities.** | **Parent/Guardian Signature** |  | **Date** |
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|  **PARENT PERMISSION TO SLEEP ON A MAT**  Children, between the ages of 12 and 18 months will be transitioned from sleeping in a crib to a cot, mat, or bed when they are able to walk.  |
| **I hereby authorize my child to sleep on a cot, mat, or bed.**  | **Parent/Guardian Signature** |  | **Date** |
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| **PARENT PERMISSION TO SLEEP IN ANOTHER AREA**Children under age two may sleep in another area on the same level of the home where care is provided without being directly supervised.  |
| **I hereby authorize my child to sleep in another area/room.**  | **Parent/Guardian Signature** |  | **Date** |
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| C:\Program Files\Microsoft Office\MEDIA\CAGCAT10\j0212957.wmf**PARENT PERMISSION FOR ROUTINE OUTINGS** I hereby give permission for my child to be transported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Please list any special needs or problems which might require special attention during transportation and directions on how to handle the special need or problem.  |
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|  | **Parent/Guardian Signature** |  | **Date** |