

**St. Ambrose University Children's Campus
Consent / Policy Signature Form**

I DO I DO NOT N/A give my permission for my child to be given Carnation Good Start dry formula as a back up if there is a shortage of our own formula.

Infants often rub their faces and inadvertently scratch themselves. Toddlers may scratch themselves or others while playing or reaching for the same toy. It is advantageous to all if you keep your child's fingernails trimmed. We are more than willing to trim nails as needed.

I DO I DO NOT N/A give my permission for my infant to have his / her fingernails trimmed.

I DO I DO NOT give permission for my child to go on walks in the nearby neighborhood and on public transportation for field trips.

From time to time photographs of our program will be made for educational and publicity purposes. These pictures will be representative of the enriching experiences offered to your child during the year.

I DO I DO NOT give my permission for my child to be photographed for use in educational, nonprofit publications/presentations intended to further the cause of public education. This permission is applicable for current, as well as future project use.

As a part of St. Ambrose University your child may be included in observation/research. In all cases, the confidentiality of individual children's behavior/records is maintained.

Tuition

I understand I am responsible for weekly tuition fees of \$ _____, which are due the first day of each week my child, is enrolled in the St. Ambrose University Children's Campus program.

I understand that in the event of an absence, I will be responsible for the tuition.

I have read the SAUCC Parent Handbook and agree to abide by all policies.

Parent/Guardian Signature

Date

Director Signature

Date

Parent/Guardian is a SAU student. YES NO

If yes, please submit parent/guardian's social security number _____

Child's enrollment Date _____

1/05