



Child's Name: _____ Child's Birthdate: _____

Initial: _____ I give permission for LCC Staff to apply sunscreen to my child daily. If my child requires a specific sunscreen, I will supply it to LCC.

Initial: _____ My child has permission to participate in LCC walking field trips that depart from the Center and explore the surrounding town. I will be notified in advance of any excursions that require transportation other than walking.

Initial: _____ I have been given an LCC Family Handbook and have reviewed the policies described within.

Initial: _____ My child has permission to eat lunches and snacks provided by the Leelanau Children's Center. If my child is unable to eat the food provided due to allergy or preference, I will provide a lunch.

Initial: _____ I give permission for my family's name and contact information to be shared upon request to LCC families, staff, board, and committee members.

Initial: _____ Photos and videos of my child may appear in newsletters, LCC publications, and online communications by LCC. In most publications, children will not be named, and LCC will refrain from identifying children by name in online content.

Initial: _____ I understand that LCC maintains a licensing notebook of all licensing inspection and special investigation reports and all related corrective action plans. The notebook is available to parents for review during regular business hours. Licensing inspection and special investigation reports from the past three years are available at the State Licensing website, www.michigan.gov/michildcare

Initial: _____ I understand that Leelanau Children's Center periodically follows the educational progress of LCC alumni. I give LCC permission to contact my child's school and obtain information about my child's progress.

Initial: _____ I agree to follow the current LCC health guidelines while understanding the potential for policy changes.

Initial: _____ I have access to and agree to receive communications from LCC staff through BRIGHTWHEEL.

Name: _____ **Date:** _____

Signature: _____



The federal Child and Adult Care Food Program requires that we ask the following three questions.

Check the MAXIMUM DAYS your child will be enrolled in care:

_____ Mon _____ Tues _____ Wed
_____ Thurs _____ Fri

MAXIMUM TIME of day your child will be at LCC:

From: _____ To: _____

Circle the MAXIMUM MEALS or SNACKS that LCC will provide for your child:

Breakfast Snack Lunch
Afternoon Snack

Name: _____ **Date:** _____

Signature: _____