



Rincon Community Child Development Center
P.O. Box 1145 Pauma Valley, CA 92061
Tel: (760)749-1080, Fax: (760)749-1067
Cell Number: (760)560-6344

Release Form

1. Photograph/Publication Consent:

I give consent to RCCDC to use my child's photograph for school activities, TANF Newsletter, library mobile, and dental.

YES or NO _____ *parent/guardian initials*

2. Screening Permission:

I give permission for my child to participate in any health and developmental screenings. The results of these screenings will be made available to me.

YES or NO _____ *parent/guardian initials*

3. Field Trips:

I give permission for my child to attend RCCDC field trips, and I give consent for the SCTCA transportation staff to transport my child on said field trips.

YES or NO _____ *parent/guardian initials*

4. Head Lice Check:

I give permission for the RCCDC staff to routinely check my child for head lice and or nits. I understand that if my child is found with live head lice and or nits I will be asked to pick up my child from school immediately and my child may not return to RCCDC until they no longer have lice and or nits.

YES or NO _____ *parent/guardian initials*

5. Car Seat:

It is the law that any parent, legal guardian, or driver shall not transport on a highway in a motor vehicle a child who is under eight years of age without properly securing that child in a back seat in an appropriate child passenger restraint system meeting federal motor vehicle safety standards. I understand and agree to abide by this law.

YES or NO _____ *parent/guardian initials*

6. Nutrition Services:

I understand that no outside food may be brought inside the facility.

YES or NO _____ *parent/guardian initials*

7. Handbook Acknowledgement:

I have received, read, and understand the RCCDC Handbook. I also understand that all policies and procedures are subject to change at any time.

YES or NO _____ *parent/guardian initials*

Parent/Guardian Signature

Date