

# PARENT HANDBOOK, SCHEDULING & PAYMENT CONTRACT



I, \_\_\_\_\_, give Camp Joy permission to apply sunscreen.

I, \_\_\_\_\_, give Camp Joy permission to take my child(ren) on walking field trips and driving distance field trips.

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Legal Guardian full name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

The Joyful Jungle CLC Director's Signature: \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, give Camp Joy permission to photograph and video my child(ren). I understand these photos/videos may be used for following reasons:

- Making Projects
- Personal Scrapbooks
- Promotional Material
- Hanging on the Walls
- Facility Website
- Facebook Page
- Training Purposes
- Holiday Projects
- Facility Media

I understand that only first names of my child(ren) will be displayed on any materials. It is my responsibility to update this form in event that I no longer wish to authorize one or more of the above uses. I agree that this form will stay in effect as long as my child is enrolled and may be used after my child has graduated preschool and moved into higher education. By signing this form I agree this is a legal binding form and providing false information could be grounds for termination of the childcare services.

Parent/Legal Guardian full name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

The Joyful Jungle CLC Director's Signature: \_\_\_\_\_ Date \_\_\_\_\_

My Child, \_\_\_\_\_, is in good health to attend Camp Joy and has had a physical exam done by a primary doctor at, Primary Physician on Date of Exam.

Parent/Legal Guardian full name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

The Joyful Jungle CLC Director's Signature: \_\_\_\_\_ Date \_\_\_\_\_