

**Woods Hollow Children's Center  
Parent Consent Form**

**Child's Name:** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(please print) (please print)

Please review the following statements regarding Woods Hollow policies and procedures.  
Please sign on the line adjacent once you have read each.

I have read and agree to adhere to Woods Hollow Children's Center policies and procedures as outlined in the Family Handbook and Fee Schedule.  
(the most recent handbook is available at [www.woodshollow.org](http://www.woodshollow.org) )

\_\_\_\_\_  
Signature

I have read the brochure "Your Guide to Licensed Child Care" and have had an opportunity to review the Wisconsin Rules for Licensing Child Care Centers.  
(Copies located in each classroom as well as in the entryway)  
(one is also available at <http://dcf.wisconsin.gov/childcare/licensed/Rules.HTM> )

\_\_\_\_\_  
Signature

**I do / do not (circle one)** give my permission for my child to be photographed for use in advertising by outside media.

\_\_\_\_\_  
Signature

I give permission for my child's photo to be put on the WHCC Facebook Page.  
(no name/identifying information will be included with these posts)

\_\_\_\_\_  
Signature

I understand that Woods Hollow Children's Center shall not be held responsible for any personal items belonging to my child, which are brought to the center that may be lost, stolen or damaged.

\_\_\_\_\_  
Signature

I give permission for my child to participate in walks and other activities outside WHCC grounds and Eagle Grounds (for Summer School Age program), within the Fitchburg Center Research Park area during operating hours. (this includes the BTC, Hospice, Fitchburg Library and Farmer's Market)

\_\_\_\_\_  
Signature

I have been informed of pets within the center and their degree of contact with the children. Note: If pets are added after a child enrolls, parents will be notified in writing prior to the pet's addition to the Center. (Pictures of pets are listed in entryway)

\_\_\_\_\_  
Signature

I have been informed of the Center's plan for Child Assessment. I understand that my child's teacher will track my child's development using the Portage Guide at least 4 times each program year. Information is formally shared at conferences. I may request this information from my child's teacher at any time.

\_\_\_\_\_  
Signature

I have read the information provided to me on the Ages and Stages Questionnaires (ASQ-3 and ASQ-SE). I understand I may be provided these tools throughout the year to aid in assessment of my child and agree to participate in the program. I agree to complete and return completed questionnaires.

\_\_\_\_\_  
Signature