



CONSENT TO VIDEO AND PICTURES

Child's Name: _____

I, _____, the parent/guardian of the above named child do hereby give my permission for the staff/representatives of Felsy's Daycare to take pictures and/or videos for educational/promotional purposes (i.e.: newsletters, bulletin boards, video yearbook, etc.). Furthermore, I grant the above named entity my permission to use this/these images (pictures and/or video) in any manner it may deem proper and fitting, including possible release for media publication.

Parent/Guardian Signature

Date

ANNUAL UPDATE FORM

Once your child has been in care for a year, the provider must have you review this form and update any incorrect information. The provider is also required to have you sign several of the permission forms again.

Please review the information contained in this record and make any corrections. By signing this form, you are stating that you give the provider permission to:

1. Transport your child to a medical facility and receive emergency medical treatment;
2. Perform first aid and/or CPR on your child;
3. Take your child off the premises of the family child care home for the specified excursion; and
4. Apply the topical medications listed on the applicable permission form.

Child's name: _____

LITTLE NEST RED & BLUE FAMILY CHILD CARE

75 ELM ST. WATERTOWN, MA. 02472



Parent's/Guardian's Signature

Date

WE HAVE READ THE ABOVE AND AGREE TO ADHERE TO ALL STATEMENTS AND TERMS OF THE CONTRACT.

FURTHER WE ACKNOWLEDGE THAT WE HAVE RECEIVED A COPY OF THE PARENT FACT SHEET DEVELOPED BY THE OFFICE FOR CHILDREN WHICH SUMMARIZES THE FAMILY CHILD CARE REGULATIONS

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Family Child Care Signature

Date

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Phone: 617 -744 6956