

PARENTAL AGREEMENTS WITH CHILD DEVELOPMENT LAB AT THE MCPHAUL CENTER

1. The Child Development Lab at the McPhaul Center agrees to provide day care for _____ (name child is called)
on **Monday - Friday**, 7:30 a.m. to 5:30 p.m.

From **August** through **July**. My child will participate in the following meal plan:

(Check Applicable meals and snacks):

Morning Snack _____ Lunch _____ Afternoon Snack _____

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s); person authorized by parent(s) or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. The Child Development Lab at the McPhaul Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for the Child Development Lab at the McPhaul Center

Signature (Parent/Guardian)

Date

Signature (Faculty Administrator)

Date

CHILD DEVELOPMENT LAB AT THE McPHAUL CENTER

Child Enrollment Contract /Emergency Medical and Pick-Up Authorization

Emergency Information:

Child's Name: _____ Birthdate: ____/____/____

Home Address: _____

Child's Living Arrangements: (check one) _____ Both Parents _____ Mother _____ Father _____ Other

Parent/Guardian: _____ e-mail address: _____

Place of Employment name/address: (A physical address is required) If UGA Employee, Name of College/Dept: _____

Phone Number(s) **PLEASE CIRCLE THE BEST WAY TO CONTACT YOU IN AN EMERGENCY**

(work): _____ (home): _____ (cell): _____

Parent/Guardian: _____ e-mail address: _____

Place of Employment name/address: (A physical address is required) If UGA Employee, Name of College/Dept: _____

Phone Number(s) **PLEASE CIRCLE THE BEST WAY TO CONTACT YOU IN AN EMERGENCY**

(work): _____ (home): _____ (cell): _____

Insurance Company: _____ Policy Number: _____

Policy Holder's Name: _____

Child's Physician or Clinic's name (Child's Primary Health Source): _____

Phone Number: _____

Emergency Contact: We require two people (other than legal guardians) to be listed and they must be within a half hour of the center.

In the event that I/we cannot be reached in an emergency, contact:

Name: _____

Address: _____

Phone (work): _____ (home): _____ (cell): _____

Name: _____

Address: _____

Phone (work): _____ (home): _____ (cell): _____

These people have my/our permission to aid in an emergency, including transporting my/our child to the designated medical facility or other location for care.

In the event that I/we or the above designated person cannot be reached to make arrangements for emergency medical treatment at the time of illness or accident of my child, _____, I/we hereby authorize The Child Development Lab at the McPhaul Center staff or the University of Georgia Campus Police to administer first aid/CPR and/or call an ambulance and/or take my child to the Emergency Room of _____ Hospital for medical treatment.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Special Information:

1. Does your child have any drug allergies, or special medical needs or conditions? Yes No
If yes, please describe: (attach additional sheet of paper if needed) Please identify if your child has an epipen.

2. Is your child a vegetarian? Yes No

3. Does your child have any food allergies? Yes No

If Yes, an allergy plan will need to be completed prior to their start in programming.

5. Does your child currently take prescribed medications on a daily basis for a chronic condition? Yes No

If yes, please describe: (attaché additional sheet of paper if needed)

6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. _____

I/we agree that any fees associated with the provision of emergency medical treatment will be my/our responsibility.

I/we also agree to keep the CDL advised of any changes in the above information.

PICK-UP AUTHORIZATION

It is not necessary to list legal guardians. This list does not automatically include emergency contacts. My/our child may be released to the persons signing this agreement and to the following persons:

Name: _____ Relationship to child: _____ Address: _____

Phone Number: (work) _____ (home) _____

Name: _____ Relationship to child: _____ Address: _____

Phone Number: (work) _____ (home) _____

Name: _____ Relationship to child: _____ Address: _____

Phone Number: (work) _____ (home) _____

The following information is asked for identification purposes. In the event that you need to call and authorize pick-up by someone other than those listed above, we will ask you for this information if we are unable to recognize you by voice.

Parent/Guardian birthdate: _____

Maiden/other last name: _____

Parent/Guardian birthdate: _____

Maiden/other last name: _____

I/we understand that it is my/our responsibility to keep the center advised of changes in any of the above information.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Faculty Administrator Signature

Date

Child's Name _____

FAMILY HANDBOOK AGREEMENT

I (we) have received and read a copy of the Child Development Lab at the McPhaul Center Family Handbook. I (we) understand and agree to abide by the policies and procedures stated therein.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Child Development Lab at the McPhaul Center
University of Georgia
Media Consent and Release Form

The Child Development Lab (CDL) at the McPhaul Center is a part of the College of Family and Consumer Sciences at the University of Georgia. As a part of our effort to educate the broader community about our research, service, and teaching opportunities, we occasionally participate in presentations and events for positive education purposes concerning the various instructional and extracurricular activities that take place during the year. These presentations/events may include videos, photographs, college and university websites, and articles. These may be used in parent programs, staff development and community relations, such as newspaper articles and TV presentations. The media-- newspaper, radio, television-- sometimes make requests to videotape, interview and/or photograph children for news purposes. Given the age of the children cared for at the CDL, any "interviews" will be limited to simple questions-- such as your child's favorite part of the day-- and will always take place with a CDL staff member present. It is more likely that your child may be photographed for "feature" photos for the newspaper.

I certify that I am the parent or legal guardian of _____ (print name of child).

I hereby grant the Child Development Lab at the McPhaul Center the following rights, subject to parent's right to revoke in writing:

The right to use my child's name, photograph, picture, portrait, likeness, and voice (hereinafter collectively known as "image") in connection with its educational materials or for any other legitimate purpose;

The right to use, reproduce, publish, exhibit, distribute and transmit my child's image individually or in conjunction with other images or printed matter in the production of motion pictures, media releases, television tape, sound recordings, still photography; and

The right to record, reproduce, amplify and simulate my child's image and all sound effects produced.

I understand and agree neither I nor my child will receive compensation, now or in the future, in connection with the use of my child's image. I hereby release and forever discharge the Child Development Lab at the McPhaul Center and the University of Georgia, their members individually and their officers, agents, and employees from any and all claims, demands, rights and causes of action of whatever kind that may have, either in my own behalf or in my capacity as legal representative of my child, caused by or arising from the use of my child's image, including all claims for libel and invasion of privacy.

I understand that acceptance of this Consent and Release Form by the Child Development Lab at the McPhaul Center and the University of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I certify that I am at least 18 years of age and I have read and understood the above.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PRINTED NAME _____

ADDRESS _____

CHILD DEVELOPMENT LAB at THE MCPHAUL CENTER

RESEARCH INFORMATION FORM

One of the functions of the Child Development Lab at the McPhaul Center is to conduct research by center staff, faculty members, and graduate students. Generally, three types of studies are conducted.

1. Studies of *family functioning* involve questionnaires, interviews and observations of family interaction. These studies help us to better understand development of interaction patterns in families with young children.
2. Studies of *children's groups* include observation of groups in classrooms, game-type situations, and interviews with children. These studies help us to understand how social interactions and skills develop and how they affect group dynamics.
3. Studies of *individual differences* involve studies of perceptual processes, reasoning and logic, and behaviors and processes of personalities. These studies help us to describe stages of development, their progression, and the relationship to personality and social development.

All children enrolled in the Child Development Lab are subject to participation in observational studies. Observations of children are conducted by faculty, staff and students both inside the classroom and from the observation booths. For research that requires interactions between children and researchers, or requires children to be taken from the classroom, a separate and specific consent form will be provided to parents.

All data is considered confidential and analyses are conducted with coded identifications. Unless we are required by law, no identifiable data regarding any member of your family will be related without your written consent.

Research studies at the Child Development Lab are conducted under the supervision of Dr. Amy Powell, Director, Child Development Lab. Inquiries about research at the Child Development Lab may be directed to Amy Powell at (706) 542-4921. Research at The University of Georgia involving human subjects is conducted under the oversight of the Institutional Review Board. All research conducted at the Child Development Lab is approved by this Board. Questions or problems regarding these activities may also be addressed to: Kim Fowler, Director, Human Subjects Protection Program, Institutional Review Board, Office of the Vice President for Research, The University of Georgia, 612 Graduate Studies Research Center, Athens, Georgia 30602; Telephone (706) 542-5318.

I have read and accept the above information concerning research at the Child Development Lab at the McPhaul Center.

Parent(s) Name or Legally Responsible Person for _____ (child's name)

(Please Print)

(Signature & Date)

(Please Print)

(Signature & Date)

6/25/2020

Child's Name _____

Translation Available

We are fortunate to serve a diverse population at the Child Development Lab at the McPhaul Center and strive to accommodate the needs of every family including any language barriers that may hinder communication. If you speak English as a second language and feel the need for a translator, one will be arranged.

_____ I would like to have a translator.

_____ I do not need a translator.

6/25/20

Walking Field Trip Permission

My child, _____, has permission to take walks, stroller rides and/or wagon rides around the University of Georgia's South Campus with the Child Development Lab at the McPhaul Center. I understand that these excursions are informal and notice will be posted in the classroom at the time of the trip (with the notice stating the destination, the time the class left the room and the estimated time of return.)

Parent Signature

Date

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____

Home/Cell Phone _____ Work Phone _____

Parent/Guardian Name _____

Home/Cell Phone _____ Work Phone _____

Persons to notify in an emergency and parents cannot be reached:

Name _____ Best Phone _____

Name _____ Best Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses: Athens Regional Medical Center

Address: 1199 Prince Ave, Athens, GA 30606

Child's Allergies _____

Current prescribed medication(s) _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if the CHILD DEVELOPMENT LAB AT THE MCPHAUL CENTER cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature of Parent/Guardian _____

Witnessed By _____ Date _____

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Authorization to Dispense External Preparations

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

Child's Name _____

Date _____

I hereby give the **Child Development Lab at the McPhaul Center** permission to apply one or more of the following products, in accordance with directions on the container
(Check all that apply):

<input type="checkbox"/>	Baby Wipes
<input type="checkbox"/>	Band-aids
<input type="checkbox"/>	Neosporin, Bacitrin or similar ointment
<input type="checkbox"/>	Bactine or similar first aid spray
<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	Insect Repellent
<input type="checkbox"/>	Non-prescription ointment (A&D, Desitin, Vaseline, etc.)
<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Other (please specify):

I hereby request that the **Child Development Lab at the McPhaul Center** administer the checked products in accordance with the directions on the container.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

CHILD DEVELOPMENT LAB AT THE MCPHAUL CENTER

FAMILY INVOLVEMENT INFORMATION

Family involvement is an essential ingredient for a successful child development program. This form will help define the parent interest areas that can be a classroom resource throughout the year.

Read through the following list of information. Choose those activities that interest you and mark the line prior. We appreciate your time and look forward to your visit in our classroom.

- ____ Accompany class on a field trip
- ____ Take part in a cooking experience
- ____ Read or tell a story to children
- ____ Help with children's garden or playgrounds
- ____ Invite children to visit your place of work - **Workplace:**
- ____ Share cultural customs or traditions (clothing, foods, music, books, etc.)
- ____ Teach simple words/phrases from a different language - **Language:**
- Other - please specify _____

Would you be willing to share these skills with other classrooms beside your child's? _____

Thanks for your contribution!

Parent/Guardian: _____

Parent/Guardian: _____

Telephone: (work) _____
(home) _____

Telephone: (work) _____
(home) _____

Best Time to call: _____

Best time to call: _____

Date: _____



Rollins Center for Language & Literacy

All about Me and My Family

Dear Family: We welcome you and your child to our classroom community! We are eager to get to know you and your child better in the coming weeks. Please help us get started by sharing some important things about you and your child. We encourage you to talk with us at any time and to provide all information that may help us to teach and care for your child in a more complete and personal way. We look forward to working together as partners in support of your child!



Child's Name: _____ Date _____

Completed by: _____ Relationship to Child: _____

Has your child attended a school setting previously: _____ If yes, please list the name of the school: _____

In a few words, please describe your child:

Who is part of your family? *Please list names of family members and their relationship to the child.*

What are some of your family traditions?

What are your child's favorites?

Toys: _____

Songs: _____

Foods: _____

Activities: _____

Other: _____



Read Right
from the Start

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Are there situations or experiences that upset your child?

What do you do to comfort him/her when he/she is upset or afraid?

How does your child communicate with you and other members of your family?

If already talking, can you understand the words he/she says?

Do you have any special concerns about your child's development that you would like to share with us?

What questions do you have about your child's upcoming learning experiences?

What do you hope your child gains from his/her experience with us?

How can we best support you in your role as parents?

How would you like to be contacted by your child's teachers? Also, please tell us the best times to reach you for non-emergency conversations.

Any additional thoughts you would like to share?

Thank you for completing this form and returning it to the classroom!



Read Right
from the Start

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Supporting Dual Language Learners: *Family Language and Culture Survey*

Child's Name: _____ Date: _____

Dear family: This survey is designed to help teachers gather important information from you about your child's language experiences. It will help us plan ways to support your child's home language and bring his/her culture into the classroom, by partnering with you. Thank you for completing and returning the survey.

1. What language(s) do family members speak at home?

List household members, relation to the child, and language in which each person speaks to your child:

Name	Relation to Child	Language

2. What language does your child use when speaking at home?

<input type="checkbox"/> Not applicable	<input type="checkbox"/> Only English	<input type="checkbox"/> Mostly English but sometimes home language	<input type="checkbox"/> Both languages equally	<input type="checkbox"/> Mostly home language but also some English	<input type="checkbox"/> Only home language (not English)
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If more than one language is spoken at home, please specify which language the child uses most or with what family member the child uses each language:



3. How do you feel about your child continuing to learn his/her home language at the same time he/she learns English?

I really want my child to learn English and maintain our home language.	I don't really know how I feel about this.	I am concerned about my child learning our home language and English at the same time.
--	--	--

4. Where is your child/family from? What is your child's cultural heritage and what parts of your culture are most important to you and your family?

5. How can you help your child's teachers bring your language and culture into the classroom?

6. How can your child's teachers support you?

Adapted from: Espinosa, L. 2014. Getting it for Young Children from Diverse Backgrounds: Applying Research to Improve Practice with a Focus on Dual Language Learners (2nd Edition) 2nd Edition. Pearson.