

Photo & Video Consent Form

At **Little Miracles Daycare**, we love capturing special moments of your child's learning, creativity, and joy. We may take photos or videos to share positive experiences with families and for internal purposes such as crafts, classroom updates, and educational documentation.

We respect your privacy and ask for your permission before using any images or videos of your child. Please review the options below and indicate your preference.

CHILD'S INFORMATION

First Name	Middle	Last Name
Date of Birth	Gender	Parent / Guardian Name(s):
Primary Phone #		Secondary Phone #
Child's Home Address		

CONSENT OPTIONS (PLEASE CHECK ALL THAT APPLY)

- ☐ **Internal Use Only** (Classroom Activities & Parent Communication)
I give permission for my child's photo/video to be used only for internal purposes, including classroom crafts, educational documentation, and private updates via Brightwheel.
- ☐ **Public & Marketing Use** (Website, Social Media, Promotional Materials)
I give permission for my child's photo/video to be used publicly, including on social media, the daycare's website, and promotional materials.
- ☐ **No Photos/Videos:** I do not give permission for my child's photo/video to be taken or shared in any form.
- ☐ **Additional Notes or Restrictions:** _____

I understand that **Little Miracles Daycare** will respect my preferences and that I may update or change my consent at any time by providing written notice.

Print Parents / Guardian Name

Parents / Guardian Signature

Date

Welcome to Little Miracles Daycare!

At Little Miracles Daycare, we understand that each infant has unique needs and routines. To ensure we provide the best possible care, please complete this form in detail and update it as necessary.

CHILD'S INFORMATION

First Name	Middle	Last Name
Date of Birth	Gender	Parent / Guardian Name(s):
Primary Phone #		Secondary Phone #
Child's Home Address		

FEEDING PLAN

- ☐ Breast Milk
☐ Formula
 ☐ Brand: _____
☐ Combination
☐ Solid Foods
 ☐ Specify: _____

FEEDING DIFFICULTIES OR ALLERGIES

- ☐ Yes
 ☐ Please Specify: _____
☐ No

FEEDING SCHEDULE

Time	Amount	Bottle Instructions (Temperature, Preparation, Storage)

SLEEP ROUTINE

Preferred Sleeping Position: ☐ Back (Required per Safe Sleep Guidelines) ☐ Other (Medical Documentation Required)

Sleep Aid (e.g., Pacifier, Swaddle, Blanket): ☐ Yes (Specify) _____ ☐ No

Special Instructions for Sleep time: _____

PARENT / GUARDIAN AGREEMENT

Print Parents / Guardian Name

Parents / Guardian Signature

Date

OFFICIAL USE ONLY

Staff Notes

Reviewed By

Date Received

CARE INFORMATION

Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

- | | |
|--|--|
| ☐ Physical Therapy | ☐ Communication Devices |
| ☐ Speech Therapy | ☐ Feeding Tube |
| ☐ Occupational Therapy | ☐ Visual Support |
| ☐ Applied Behavioral Analysis | ☐ Auditory Support |
| ☐ Mobility Devices | ☐ Other: |

Would you like your child's therapists to deliver services at the center? ☐ Yes ☐ No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

List of Current Medication

CHILD'S MEDICAL CARE PROVIDER

Medical Care Provider	Practice / Clinic Name	
Provider Address		Phone Number
Preferred Hospital / Clinic	Date of Last Physical Examination	
Dentist Name		
Dentist Address		Phone Number
Health Insurance Provider and Policy Number		

CHILD'S ALLERGIES

Medication	Reaction
Food	Reaction
Respiratory	Reaction
Bee Sting	Reaction
Other	Reaction

Are any of the allergies severe or life-threatening? (If yes, please talk to your Center Director about completing an allergy plan.)

☐ Yes

☐ No

MEDICAL ACKNOWLEDGMENTS

Medication: I will provide written permission for staff to administer medication, along with written instructions from myself or my child's healthcare provider, as allowed by childcare regulations. All medication must be in its original container with proper labeling.

Immunizations: I will provide updated immunization records or an exemption form as required.

Health Consultant Review: I understand that my child's records may be reviewed by a Nurse/Health Consultant if required by state regulations.

Illness: If my child becomes ill while at the center, I will pick them up as soon as possible, no later than one hour after being notified. If my child has a contagious illness, they may return only when they are well, as outlined in the Family Handbook.

Emergencies: In an emergency, staff will contact me immediately. I also authorize staff to:

- Consult my child's physician or dentist.
- Administer first aid and CPR if needed.
- Transport my child via ambulance to a medical facility if necessary.
- Obtain emergency medical, surgical, or dental treatment as deemed necessary by medical professionals.
- Relocate my child to an emergency shelter if evacuation is required.

Parents / Guardian Signature

Date

LITTLE MIRACLES HOURS OF OPERATION

The center is open from 7 a.m. to 6p.m. Monday through Friday.

Little Miracles Daycare will be closed for Christmas Break from Christmas Eve through the day after New Year's Day, as well as on Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and the day after Thanksgiving.

- The center will remain open on all other scheduled days unless severe weather or emergencies require closure.
Tuition is not adjusted for closures.

TUITION AND FEE INFORMATION

My Tuition is Bi-Weekly	Tuition Amount:
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Regular Schedule: Tuition is based your child's regular bi-weekly schedule. Additional charges will apply if your child attends beyond this schedule. Any schedule changes must be reported to the center immediately. Tuition is not adjusted for absences, holidays, or emergency closures, and full tuition is required even if my child misses one or more days.

Absences: I will notify the center by 9:00 AM if my child will be absent.

Late Pick-Up: If I fail to pick up my child or contact the center, and no authorized person can be reached within 30 minutes after closing, the center may take appropriate action to ensure my child's safety, including contacting local authorities.

Late Payment Fee: All tuition must be paid two weeks in advance of services. If tuition is not paid on time, a late fee of \$50.00 will be applied.

Registration Fee: A nonrefundable registration fee of \$100.00 is due at enrollment. If a child withdraws and later reenrolls, a new registration fee will be required.

Late Pick-Up Fee: A late pick-up fee of \$10.00 per 10 min per child will be charged for pick-ups beyond the center's operating hours.

SCHEDULED ATTENDANCE

DAYS	HOURS OF CARE (E.G., 7 AM - 6 PM)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

PAYMENT AUTHORIZATIONS

I authorize Little Miracles Daycare to:

- Process tuition and fee payments electronically.
- Attempt to collect on returned payments up to two additional times.
- Debit my account for any returned payment, including a returned item fee as permitted by state law.
- Initiate one-time ACH debits for past-due amounts, upon written notice from the center.
- This authorization remains in effect until I provide written notice to terminate it.

Financial Obligations

- As the parent/guardian signing this agreement, I understand that all tuition and fees are my responsibility.
- Accounts more than two weeks past due may result in immediate termination of services. Enrollment may be reinstated upon full payment, including applicable tuition and registration fees.
- Overdue accounts may be sent to collections, and I will be responsible for all outstanding balances, plus any reasonable collection or attorney fees.
- Payments from families with prior unpaid returned checks must be made via money order or cashier's check. Repeated returned check activity may result in termination of services.
- Written notice of withdrawal is required prior to the last day of attendance. If I fail to provide notice, I agree to pay full tuition for the final two weeks, regardless of attendance.

CHILD PHOTOGRAPHY CONSENT AUTHORIZATION

I do / do not give permission for my child to be photographed or recorded while at Little Miracles Daycare or during daycare activities.

I understand that photos/videos may be taken by center staff or other parents/guardians. By giving permission, I consent to the use of these images for communication purposes, including updates to families, internal communications, and use on email, the center's website and social media, mobile applications, or other approved platforms.

OTHER TERMS

Assessments and Screenings

I do / do not give permission for my child to participate in assessments at Little Miracles Daycare to track progress and improve programs. I will have access to all results.

Communications

I give Little Miracles Daycare permission to contact me via phone, text, or email for updates and promotions. Standard messaging rates may apply, and I can opt out anytime.

Disputes

Any unresolved disputes will first go to nonbinding mediation before legal action. All parties share mediation costs equally.

Parents / Guardian Signature

Date