



Teaching With Love and Care
Where Learning is an adventure

MEDIA PERMISSION FORM

2024/2025

Childs Name: _____

Children love to see photos of themselves and their friends. We sometimes use photos to record our projects, as parts of games, and as labels around the classroom. We also send many photographs home with parents when we are done with them. Please indicate if you give your permission for your child's photo to be taken for classroom use.

___ **NO**, I do not give permission for my child to be photographed.

___ **YES**, I do give permission for my child to be photographed.

We are on social media! Our social media pages will be used to share news, reminders, and information about your child's program. Please let me know if I have permission to include your child's photo on our social media sites.

___ **NO**, I do not give permission for photos of my child to be posted on social media.

___ **YES**, I give permission for my child's photo to be posted on social media!

___ **Yes**, I give permission for my child's photo to be used on website and promotional materials. www.teachingwithloveandcare.com

Parent Signature:

Date:



2024/2025 TLC Payment Agreement

Thank you for allowing TLC to serve your family to meet your child(ren) educational needs. We're so excited to offer this service and looking forward to getting started.

Please select the best payment option for your family. Please note that all payments need to be submitted through our electronic payment platform. You will be invoiced by the beginning of the month and payment will need to be paid according to your selected payment plan. Late payments will be charged a \$50 fee that needs to be paid in full prior to the start of the next invoice cycle.

Print

Signature

Date



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CHILD PICK-UP AUTHORIZATION FORM

Child's name: _____

Main pick-up person:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Additional persons who may pick up child/children on a less frequent basis:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

Any person(s) NOT authorized to pick up my child/children:

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Mother's Signature: _____ Date: _____

and / or

Father's Signature: _____ Date: _____



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Transportation Permission

2024/2025

I give my approval for Teaching with Love and Care to provide transportation for my child,
_____, to and from by a licensed driver in a vehicle owned and
operated by Catrice Dennis and/or staff.

Parent or Guardian Signature

Date



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TLC Waiver of Liability 2024-25

TLC's Enrichment Learning Experience includes, traveling and participating in activities in different fields that help each TLC participant grow and gain knowledge beyond academia.

Through signing this permission slip, you acknowledge that we are not liable for any incidents that may occur while your child is participating in enrichment activities, or while in our care. Though we strive to keep each participant protected, loved and safe. Incidents do still happen and if one may occur, we will act accordingly from a space of love and contact you, and or give you all information needed.

Participants name: _____ Birthdate: _____

Parent/ Guardians name: _____

Home Address: _____

Phone number: _____ Email: _____

Sign below

As a parent/ legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, and my child to hold harmless and defend Teaching with Love and Care, its directors, chaperons, representatives, and partners associated with TLC's Enrichment Learning experience, from all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection to my child attending enrichment activities, traveling on the bus, and participating in the TLC Enrichment Learning Experience. Or in connection with any illness, injury, or costs associates with medical treatment.

Parent/ Guardian name

Date

Parent/ Guardian Signature

Date



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Medical Waiver 24-25

I hereby Warrant that to the best of my knowledge, my child is in good health, and assume all responsibility for the health of my child

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to TLC to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact.

Name: _____

Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Care Provider: _____ Policy#: _____

I hereby give consent to TLC and its representatives to use the above information, in case of a medical emergency regarding my child.

Childs name

Parent/ Guardian name

Date

Parent/ Guardian Signature

Date

