**After reading the policies provided, please initial on the appropriate lines and sign below.**

* **Screening Process**

*\_\_\_\_\_\_\_\_ I acknowledge that I have received information on the screening process at The Fisher Early Learning Center and that my child will be screened within the first three months of their attendance.*

* **Tuition Policy**

*\_\_\_\_\_\_\_\_ I have read and understand the Fisher Early Learning Centers’ Tuition Policy. By signing below, I hereby agree to pay my childs tuition in a timely manner.*

* **Walking Excursion Policy (select one)**

*\_\_\_\_\_\_\_\_ I give permission to allow my child to take walking excursions around DU*

*\_\_\_\_\_\_\_\_ I* ***do not*** *give permission to allow my child to take walking excursions around DU.*

* **Sunscreen Policy (select one)**

*\_\_\_\_\_\_\_\_ I choose to use the Rocky Mountain Sunscreen provided by Fisher. I understand that a $20 charge will be added to my child’s bill.*

*\_\_\_\_\_\_\_\_ I* ***do not*** *wish to use Rocky Mountain Sunscreen and will provide sunscreen for use on my child.*

* **Photograph and Videotape Policy (select one)**

*\_\_\_\_\_\_\_\_ I give permission to have my child photographed for instructional purposes (i.e. Teaching Strategies on-going assessment and documentation) and DU/MCE/FELC website and newsletter.*

*\_\_\_\_\_\_\_\_ I* ***do not*** *give permission to have my child photographed either for instructional purposes or DU/MCE/FELC website and newsletter.*

*\_\_\_\_\_\_\_\_ I* ***only*** *give permission to have my child photographed for instructional purposes.*

*\_\_\_\_\_\_\_\_ I* ***only*** *give permission to have my child photographed for DU/MCE/FELC website and newsletter.*

* **Off Campus Field Trip/Transportation Policy (select one)**

\_\_\_\_\_\_\_\_ *I give permission to allow my child to participate in off campus field trips and accompanying transportation.*

\_\_\_\_\_\_\_\_ *I* ***do not*** *give permission to allow my child to participate in off campus field trips and accompanying transportation.*

\_\_\_\_\_\_\_\_ *I give permission to allow my child to participate in off campus field trips and accompanying transportation with the following* ***adaptations****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name/Classroom Parent/Guardian’s Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Signature Date**

Updated 01.2025