

JCC of Chicago

Early Childhood Learning Centers



Program Permission Form

1. I give permission for my child _____ to receive appropriate medical attention from JCC staff, such as first aid, CPR, Heimlich maneuver, etc., or, if it is determined that my child needs immediate professional medical care, I authorize JCC to transport him or her to the nearest emergency hospital. Parents will be contacted immediately. I understand that I will be responsible for all of his/her expenses in relation to emergency medical services.
2. I hereby give permission for JCC staff to contact my pediatrician for any information needed about my child. I authorize my pediatrician to release such information to JCC.
3. I understand that JCC allows students of schools of education, nursing and other allied professions to observe JCC programs as part of their course of education.
4. I understand that to provide support to families and staff, consultants are engaged by JCC. These consultants may observe and make recommendations about children in the program. When necessary these consultants provide: staff training on classroom management; materials and resources, observations and family support.
5. I understand that I am legally responsible for my child while he or she is en route to and from JCC programs.
6. I hereby permit my child to accompany an authorized JCC staff member on excursions to places of interest (field trips) and release the JCC of all responsibilities other than reasonable care.
7. I hereby permit my child to participate in athletic activities and swimming during field trips.
8. I give my permission for my child's picture to be used for publicity purposes by JCC. I understand that parents are allowed to videotape classroom activities.
9. I understand that JCC programs contain Jewish content and I agree to allow my child to participate in this type of program.
10. I understand that should I wish to transfer my child to another JCC sponsored program, my child's financial records will be shared with the staff of that program.
11. I give my permission for all the foregoing.

Parent's Signature _____ Date _____