



# Just for Kidz

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Licensed Childcare

## TRANSPORTATION FORM

BY SIGNING THIS FORM, I AM AUTHORIZING JUST FOR KIDZ TO TRANSPORT MY CHILD FOR:

FIELD TRIPS  OTHER: \_\_\_\_\_

TO AND FROM SCHOOL : \_\_\_\_\_  EMERGENCY EVACUATION

I HOLD THE DAYCARE CENTER HARMLESS FOR ANY INCIDENT OR ACCIDENT INVOLVING MY CHILD DURING THE TIMES THEY ARE TRANSPORTING IN ANY EVENT. I UNDERSTAND THAT ALL VEHICLES ARE LICENSED BY STATE AND THAT ALL STAFF HAVE HAD THE PROPER TRAINING TO BE A DRIVER FOR THIS COMPANY.

CHILD'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PARENT POLICY AGREEMENT

I \_\_\_\_\_ HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY JUST FOR KIDZ OPERATIONAL POLICIES. I REALIZE THAT I MAY VIEW AT ANY TIME THE REVISED VERSIONS AT MY CONVENIENCE AT WWW.JUSTFORKIDZ.BIZ. I AGREE THAT IT IS MY RESPONSIBILITY TO STAY UPDATED ON THESE POLICIES AND TO ENSURE ALL INFORMATION IN MY CHILD'S FOLDER IS ACCURATE AND ADJUSTED AS NEEDED.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PHOTO RELEASE AUTHORIZATION

I \_\_\_\_\_ GIVE PERMISSION TO JUST FOR KIDZ CHILDCARE CENTER TO PHOTOGRAPH MY CHILD \_\_\_\_\_ FOR THE FOLLOWING PURPOSES:

### STILL PHOTGRAPHS

- |  |   |
|--|---|
| <input type="checkbox"/> DISPLAY IN PROVIDERS PERSONAL SCRAPBOOK   | <input type="checkbox"/> DISPLAY STILL PHOTOS IN FACILITIES WEBSITE |
| <input type="checkbox"/> GIVE PHOTOGRAPHS TO CURRENT CLIENTS   | <input type="checkbox"/> USE STILL PHOTOS IN PROMOTIONAL MATERIALS  |
| <input type="checkbox"/> DISPLAY IN FACILITIES SCRAPBOOK OR BULLETIN BOARDS, VIEWABLE BY CENTER VISITORS | <input type="checkbox"/> USE ON FACILITIES FACE BOOK PAGE           |

### VIDEOS

- |  |  |
|--|--|
| <input type="checkbox"/> GIVE VIDEOS TO CURRENT PARENTS    | <input type="checkbox"/> USE VIDEOS IN PROMOTIONAL MATERIALS |
| <input type="checkbox"/> DISPLAY VIDEO ON FACILITY WEBSITE |  |

ONLY FIRST NAMES AND POSSIBLY LAST INITIALS (IN THE EVENT OF 2 OR MORE CHILDREN WITH THE SAME NAME) WILL BE DISPLAYED ON THE FACILITY WEBSITE

ALL CHILDREN AND PARENTS WILL BE RECORDED WITH VIDEO SURVEILLANCE WHILE INSIDE THE FACILITY

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE THIS FORM IN THE EVENT THAT I NO LONGER WISH TO AUTHORIZE ONE OR MORE OF THE ABOVE USES. I AGREE THAT THIS FORM WILL REMAIN IN EFFECT DURING THE TERM OF MY CHILD'S ENROLLMENT. BY SIGNING BELOW, I ALSO AGREE THAT THIS IS A LEGALLY BINDING FORM, AND PROVIDING FALSE INFORMATION COULD BE GROUNDS FOR TERMINATION OF CHILDCARE SERVICES, FORFEITURE OF RETAINER OR BOTH.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_