



**LEARN 'N PLAY OF WOOSTER**  
**243 S. BEVER STREET**  
**WOOSTER, OHIO 44691**  
**(330) 263-9139**

**IDENTIFICATION AND PERMISSION FORM (Revised 1/2012)**

**Persons NOT authorized to take my child from the center:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**Persons authorized to PICK UP my child from the center:**

| <b>Name of Person:</b> | <b>Phone Number:</b> |
|------------------------|----------------------|
| _____                  | _____                |
| _____                  | _____                |
| _____                  | _____                |
| _____                  | _____                |

**I understand that the center will not be held responsible for any mishaps which may occur because of false information given at the time of enrollment.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Learn 'N Play Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* The undersigned parent/guardian agrees to take full responsibility for any balance due after any credits. Furthermore, the undersigned agrees to understand that for the unpaid balances that have not been paid after 90 days (or when sent to collections) there will be a 2% per month (24% APR) charge until the balance is paid in full.

**PARENT OBLIGATION**

- \*Parent/Guardian will provide will provide Learn N Play of Wooster a schedule of their child-care service.
- \* The parent/guardian shall provide the center a complete "Child Medical Statement" within 30 days of enrollment. Failure to provide a complete "Child Medical Statement" will result in medical holdout until completed physical is on file.
- \* Parent/Guardian shall notify the center when the child is going to be absent.
- \* Parent/Guardian will notify the center when the child has been exposed to any communicable disease or is diagnosed with a communicable disease.
- \* Parent/Guardian shall bring their child into the center and escort them to their assigned classroom.
- \* Parent/Guardian shall notify the center if anyone else will be dropping off or picking up their child other than themselves.
- \* Parent/Guardian shall provide the center with two-week notice in writing of withdrawal, failure to provide two-week notice; parents will be responsible for tuition for the two weeks.

**CENTER OBLIGATIONS**

- \*The center will use the supplied schedule to properly charge for our services.
- \* Provide parents/guardian with a weekly tuition statement.
- \* Learn N Play will provide parents/guardian with a customer statement at the end of the year in order to claim childcare services on their income tax report.
- \* Two-week notification of enrollment changes in the centers licensing.
- \* Notification of days the center will be closed in observance of holidays.
- \* Notify parents of closing out of control of the center via 104.5 WQKT.
- \* Learn N Play will notify parents/guardian of any suspected or diagnosed communicable disease reported to the center.

I/We have read the contract and the Parent Handbook for Learn N Play of Wooster and agree with the Tuition and Parent Obligations. I/We understand that failure to pay for childcare services will result in termination of services of the enrolled child (ren) and by signing this contract; I/We agree to abide by the written policies and guidelines of Learn N Play of Wooster.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Learn 'N Play of Wooster  
243 S. Bever Street  
Wooster, Ohio 44691

email: learnnplay1@yahoo.com

330-263-9139

Fax: 330-263-9139

### Communication/Records Release

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

I/we the parent(s)/Guardian of \_\_\_\_\_ agree to allow Learn 'N Play of Wooster, to share and/or exchange necessary information among the following agencies: (please complete all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Community Action Wayne/Medina      | <input type="checkbox"/> Public Schools               |
| <input type="checkbox"/> Pediatrician/Physician             | <input type="checkbox"/> Akron Children's Hospital    |
| <input type="checkbox"/> Specialist (circle all that apply) | <input type="checkbox"/> Speech/Hearing Developmental |

Other \_\_\_\_\_

(Please be specific)

#### Information May Include

- |   |   |
|---|---|
| <input type="checkbox"/> Applications for service   | <input type="checkbox"/> Education Records          |
| <input type="checkbox"/> Physical/Medical Records   | <input type="checkbox"/> Multi-factored Evaluations |
| <input type="checkbox"/> Family History/Background  | <input type="checkbox"/> Individual Education Plans |
| <input type="checkbox"/> Suspected or Diagnosed Disabilities                                | <input type="checkbox"/> Children's Services County |
| <input type="checkbox"/> Any other pertinent information pertaining to the child and family |   |

List Organizations, Address, Phone number: \_\_\_\_\_

The staff from the above agencies are given permission to share and/or exchange information on an informal basis with regards to the child's educational services, comprehensive services affecting the child's and/or the families development.

The above is a release on the condition that it will not be forwarded to anyone other than the above named agencies without the written consent of the parent's or legal guardians. A copy of the record(s) released is/are available to the parent legal guardian upon request. This information was explained to the Parent/Guardian with an explanation given to the purpose of the release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian)

Staff Witness \_\_\_\_\_ Date \_\_\_\_\_

Original; Above Sources Copy to; Child's File and parent



**Ages & Stages  
Questionnaires®**

**THIRD EDITION**

# What Is ASQ-3™?

ASQ-3 is a set of questionnaires about children's development. It has been used for more than 20 years to make sure children are developing well. A screening provides a quick look at how children are doing in important areas, such as communication, physical ability, social skills, and problem-solving skills. ASQ-3 can help identify your child's strengths as well as any areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. That's why ASQ-3 questionnaires are designed to be filled out by you. You will only need 10–15 minutes. It's that quick and easy. Here's how ASQ-3 works:

- You will answer each question "yes," "sometimes," or "not yet," based on what your child is able to do now. Your answers help show your child's strengths and areas where he or she may need practice.
- To answer each question, you can try fun and simple activities with your child. These activities encourage your child to play, move around, and practice day-to-day skills.
- After you complete the questionnaire, a professional will share the results with you.

If your child is developing without concerns, there is nothing more you will need to do. You may try the next ASQ-3 age level as your child grows and learns new skills. There are 21 questionnaires that you can use with children from 1 month to 5½ years old. If your child has trouble with some skills, your program will help you with next steps. Finding delays or problems as early as possible supports young children's healthy development.

You are an active partner in your child's learning and development. By completing ASQ-3 questionnaires, you are making sure your child is off to the best possible start!

To find out more, please talk to your health care or education professional, or visit [www.agesandstages.com](http://www.agesandstages.com).



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243 S Bever Street  
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Phone: 330-263-9139  
Email: [learnnplay1@yahoo.com](mailto:learnnplay1@yahoo.com)

**Photography Consent**

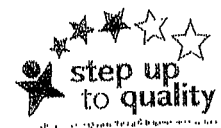
I hereby consent to and authorize the use and reproduction of any and all photographs taken on this day for the purpose of promotion, advertising and/or marketing, without any compensation to Learn N Play of Wooster. I hereby certify that I am the legal guardian of a minor child or that I am 18 years of age or older.

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I hereby certify that I am the parent or legal guardian of (child's name) \_\_\_\_\_  
And do hereby give my consent without reservation on behalf of him or her.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_



Ohio Department of Job and Family Services  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

| <b>Routine Trip Information</b>  |      |
|--|------|
| Routine Trip Destination(s)<br><i>Routine Walking Trips 2 Browsers for under 2.5 yrs.<br/>4 Browsers for over 2.5 yrs.</i>   |      |
| Date of Permission ( <i>valid for one year</i> )   |      |
| Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )   |      |
| During this trip children will have access to water that is 18 inches or more in depth.<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                    |      |
| Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(if yes, a swimming permission slip is required) |      |
| <b>Child's Information</b>   |      |
| Child's Name   |      |
| My child is<br><input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"             |      |
| <b>Signature</b>   |      |
| I grant permission for my child to participate in the routine trips described above.   |      |
| Parent's Signature   | Date |