

Child's Name: _____

CDL Family Agreement and Release Form

The mission of the MU Child Development Lab is education, research, and service. The mission distinguishes the Child Development Lab from other community-based programs that exist solely to provide child care. In addition to receiving the best possible developmentally appropriate child care and education for your child, your full support of the teacher training and research components of our program is essential.

- Teacher Training:** I understand that the CDL is a lab school for teacher training. University students, under the supervision of Professors or Instructors, may assess, interview, or conduct activities with children at the CDL as part of their university coursework. Regular child attendance, timely responding to student requests, and active participation in student activities are all components of enrolling in a laboratory school program. All students who work with your children pass a background check via the Family Care Safety Registry.
- Research:** I understand that the CDL is a lab school that supports and promotes informal and formal research activities. University students, under the supervision of the Professors or Instructors, may assess, interview, observe, or interact with children at the CDL as part of research or course activities. In addition, I understand I may be asked to allow my child/ren to participate in formal research projects in which findings may be disseminated for scholarly purposes. Consent forms and specific information for each formal research project will be distributed throughout the year and research assistants may be available to talk with me about projects during drop-off and pick-up. I understand that I should review all research project documents and make a determination as to whether I will consent to have my child/ren participate or not. NOTE: The CDL has an assessment room where many data collection sessions for research take place. This room is monitored with video cameras.
- First Aid and Emergency Transportation Consent:** In an emergency, the CDL will call 911. Usually, emergency medical services first responders will take sick or injured children to Women's and Children's Hospital and adult patients to University Hospital. As parent/legal guardian, I give consent for my child(ren) or me to receive first aid from facility staff and, if necessary, to be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.
- For child pickup and emergencies:** If I am unavailable to pick up for a routine or emergency pick-up of a child, I give consent for the emergency contact person listed to act on my behalf until I am available. I understand that a photo ID will be requested by staff members to be sure that the person picking up my child is a person who is listed on this form as a person who is authorized to do so. I agree to review and update this information whenever a change occurs and at least every 6 months.
- Progress Monitoring:** I understand that the CDL teachers will monitor my child's progress three times a year using the Desired Results Developmental Profile (DRDP). The purpose of these formative child assessments is to monitor children's progress in order to inform teaching. These assessments are observation-based and the information regarding your child's progress will be communicated during the spring and fall parent-teacher conferences.
- Vision/Hearing Screenings:** I understand that the CDL will provide annual screenings for the purpose of monitoring children's overall health and development. I understand that prior to the scheduled screenings I will have the opportunity to "opt out" if I do not want my child's vision or hearing screened.

Child's Name: _____

- Developmental Screening and Re-Screening:** I understand that the CDL will ask parents to complete annual developmental screenings during the fall and spring semesters using the Ages and Stages Questionnaire (ASQ-3) and the Ages and Stages Questionnaire –Social Emotional (ASQ-SE). When necessary, children will be rescreened using the Developmental Indicators for the Assessment of Learning (DIAL-4) and/or the Devereux Early Childhood Assessment (DECA) behavioral screening for preschoolers only. Speech/language concerns for preschoolers will be assessed with the Language section of the Developmental Indicators for the Assessment of Learning (DIAL-4), which is completed by graduate students in Communication Science and Disorders under the supervision of a certified Speech-Language Pathologist. The Motor and Concepts sections are completed by CDL staff. The Self-Help and Social Development sections are completed by the CDL teachers. The Devereux Early Childhood Assessment (DECA) and Ages & Stages Questionnaire (ASQ-3/ASQ-SE) are completed by the primary teachers. The data are accurate to the extent of the capabilities of those administering the assessment, which is why it is important to confirm these initial screening results with those of licensed or certified professionals. The purpose of the CDL screening process is to identify children who may need additional support and to refer these families for further evaluation by trained professionals, as necessary.
- Regular Attendance:** I understand that regular child attendance is important to the mission of the Child Development Laboratory. I understand that I am required to call my child's teacher if my child will be absent or will have a late arrival after 9:00 a.m. NOTE: If you do not call and inform your child's teachers of absences, the teacher will call you.
- CDL Family Handbook:** I have read and agree to comply with all policies as stated in the CDL Family Handbook, including policies pertaining to the admission, care, illness, and exclusion policy and discharge of children. I understand I may request a hard copy of the Family Handbook and the policies contained within are subject to change.
- Communication Plan:** I agree to plan for continuing communication with the teachers regarding my child/ren's development, behavior, and individual needs. I understand documents of written observations, work sampling, and developmental learning plans or special learning or behavior plans of my child/ren will be made available to me upon request. I understand I will receive at least two parent/teacher conference requests per year, and I may request additional conferences with a teacher to discuss my child/ren's development and classroom experience anytime during the contract year at my and the teacher's convenience. Other forms of communication will be shared with me through emails, phone calls, notes home, parent bulletin boards, and daily contact at drop off and pick up.
- Licensing Rules:** I am aware that the publication "Licensing Rules for Child Care Centers in Missouri" is available on the table outside of the CDL main office for my review.
- Parent Contact Information:** I understand that I, as parent/legal guardian, am responsible for immediately updating the CDL main office of any changes in contact information including cell phone, home phone, email address, place of employment, work phone, car information for parking, and other relevant information.
- Professional Development Days:** I understand that the CDL will close five days a year for professional development. The CDL will close the entire first week of August immediately following MU's last summer session.
- Early Closing:** I understand that the CDL will close early four times a year for center-wide lab staff meetings and training in the months of October, January, April, and June.

Child's Name: _____

- Information Sharing:** I understand that the information on this form will be shared with staff members who are responsible for supervision of my child.
- Safe-Departure:** I understand that if CDL teachers or staff are concerned for the safety or well-being of my child should they release my child to me, the CDL will inform me of their concern and call another person on my Authorized List to pick up my child. If the CDL staff are concerned for my child's safety when a person on my Authorized List picks up my child, the CDL will phone me immediately and/or call another person on my Authorized List to pick up my child.

Permissions

- Permission to be Photographed/Videotaped/Audio taped:** I understand that CDL children may be video/audio taped and photographed for educational, research, and public relation/promotional purposes (e.g., publications, newspaper articles, textbooks, posters, presentations, pamphlets, brochures, website, etc.). I give permission for such use of recordings made of my child. Verbal and written identifiable information (such as my child's name) will not be given to any outlet without my expressed written permission.
- Class List:** I give permission to have my phone number(s), email address, address and other contact information distributed to other CDL parents on the class list upon request.
- Sunscreen:** I give the CDL staff permission to apply sunscreen on my 6-month or older child/ren as needed while in the CDL's care. The CDL will provide sunscreen (Rocky Mountain Sunscreen) unless otherwise supplied by me. If alternative sunscreen is required, a doctor's note must be provided and a special care plan will be put in place.
- Topical Products:** I give the CDL staff permission to apply lotion or other topical products to my child upon my request and as needed while in the CDL's care. The CDL will provide hospital grade lotion. Other topical products (diaper cream, etc. will need to be provided by the parent). Band-aids may include an anti-bacterial ointment to help prevent infection.
- Mosquito Repellant:** I give the CDL staff permission to apply mosquito repellant on my child as needed while in the CDL's care. If alternative mosquito repellant is required, a doctor's note must be provided and a special care plan will be put in place.
- Field Trips:** I grant permission for my child to take occasional group trips from the CDL and expect that I will be informed prior to the field trip. If I do not want my child/ren to participate in a field trip, I understand that my child/ren will not be able to attend the CDL during the hours of the field trip and I will need to provide alternate care.
- Child Development Lab Distribution List:** I give permission to be included on a distribution list in order to receive email correspondence from the CDL.
- University Social Media:** I give permission for photos, videos, and other CDL updates to be relayed over social media for educational and public relation purposes. Only University of Missouri social media will be utilized. For example, the CDL, Department of Human Development & Family Science, College of Human Environmental Sciences, or University of Missouri websites, Facebook, Twitter, etc. Verbal and written identifiable information (such as my child's name) will not be given to any outlet without my expressed written permission. If parents do not give permission for their child's images to be used via social media for educational or public relations purposes, the child may not be able to participate in events when photographers are present).

Child's Name: _____

- Use of Group Photos Including My Child:** I give permission for group photos that may include my child to be relayed over the Digital Sign monitor in the Gwynn/Stanley foyer.

Policies

- Closings:** I understand that the CDL closes five days a year for Professional Development in August, closes for five days over spring break, aligns with the Columbia Public schools for closing in December/January for winter recess, and closes early four times a year for center-wide lab staff meetings.
- Food:** I understand that no food can be brought from home unless there is a medical reason/diagnosis and a doctor's note is provided to the CDL administration.
- Illness:** I have read, understand, and agree to the CDL Illness Policy and understand that my child will be excluded from care when my child is ill. I understand that my child will not be re-admitted to the CDL until s/he is fever-free for at least 24 hours without the use of fever-reducing medication.
- Severe Weather Closing:** I have read and understand the CDL Severe Weather Closing policy. I understand that the CDL aligns with Columbia Public School and the University of Missouri closing decisions.
- Parking and Parking Area Safety:** I have read, understand, and agree to the parking policies and procedures. I agree to keep the CDL updated on my vehicle license plates for monitoring the CDL parking area. Unregistered vehicles will be ticketed/towed.

	License Plate Information
Vehicle 1	
Vehicle 2	

- Disaster and Emergency Preparedness:** I have read, understand, and agree to the disaster and emergency preparedness policies and procedures.
- Late Pick-Up:** I have read, understand, and agree to the late pick-up policies and procedures.
- Babysitting Policy:** I have read, understand, and agree to the babysitting policy. I understand that it is a conflict of interest for CDL teachers to babysit for CDL children.
- Swipe Access and Pick-Up Authorization:** I have read, understand, and agree to the swipe access and pick-up authorization policy.
- Medication:** I understand that the CDL does not administer medication unless there is a chronic health condition or significant special needs that require daily medication. The administration of medication by a CDL staff member requires a Special Care Plan signed by a physician.

By signing this form, I agree to all the terms and conditions on this release form. If I do not agree, with any of these items, please make an appointment with the CDL Director at your earliest convenience to discuss your child's enrollment.

Parent/Guardian Signature _____

Date _____