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. NOTE: All student teachers who work with your children must 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. In addition, all researchers must pass a background check via the Family Care Safety registry.

**Vision/Hearing/Speech and Language 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 screened.

**Regular Attendance:** I understand that regular child attendance is important to the mission of the Child Development Laboratory. I understand the importance of calling in if my child will be absent or will have a late arrival after 9:00 a.m.

**CDL Parent Handbook:** I have read and agree to comply with all policies as stated in the CDL Parents’ 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 Parent Handbook. I also understand that the Parent Handbook and the policies contained within are subject to change.
**Communication Plan:** I agree to a plan for continuing communication with the providers 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 in Room 31 Stanley Hall (CDL General 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, swipe access for non-guardian pick-ups, and other relevant information.

**Professional Development Days:** I understand that the CDL will close seven days a year for professional development. The CDL will close the last two days of Mizzou's Spring Break (for training, professional development, cleaning, re-organizing, etc.) and the entire first week of August immediately following Mizzou’s last summer session (for extended training, professional development, room cleaning, re-organization, and getting ready for the new school year).

**Permissions**

**Permission to be Photographed/Videotaped/Audio taped:** I understand that CDL children may be video/audio taped and photographed for educational and research purposes (e.g., publications, newspaper articles, textbooks, posters, presentations). 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) and address distributed to other CDL parents on the class list. The CDL will distribute a 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.

**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. CDL staff will provide transportation, if needed, for my child/ren or I may drive my own child. 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 email listserv: I give permission to be included on email correspondence from the CDL.

Social Media: I give permission for photos, videos, CDL updates pertaining to my child/ren to be relayed over social media. Verbal and written identifiable information (such as my child’s name) will not be given to any outlet without my expressed written permission.

Policies

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 readmitted 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 and parking area safety policies and procedures.

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.

Swipe Access and Pick-Up Authorization: I have read, understand, and agree to the swipe access and pick-up authorization policy. NOTE: Each family receives up to three swipe cards. Any additional swipe cards are $15.00 each.

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 ______________

Parent/Guardian Signature ________________________  Date _______________