



PICK UP AUTHORIZATION

No child will be allowed to go home with an adult other than a parent unless we have written authorization from you. Please complete the following authorization, and make sure this is updated as your arrangements change.

My child _____ is to go home **ONLY** with the following family members, friends or other care givers for the academic year _____.

| Name | Relationship | Cell Phone Number |
|------|--------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please feel free to add any additional comments regarding your plans for your child's pickup:

Parent's Name _____

Parent's Signature _____ Date _____

****Remember: Please send a note if anyone other than your carpool will be taking your child home****

PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY IF THERE IS ANY CHANGE IN CARPOOL AUTHORIZATION.



PHOTO PERMISSION

We love capturing special moments of our students learning, playing, and celebrating together at Rose Family Early Childhood Education Center. We try to share photos of your child with you daily through the Remini App.

With your permission, we may also photos and videos of your child for the yearbook, promotional materials, newsletters, and synagogue communications. Please review the consent options below and let us know your preferences regarding your child's participation.

Please check each category for which you provide photo consent:

- ☐ The Rose Family Early Childhood Education Center Facebook Page
- ☐ The Rose Family Early Childhood Education Center Yearbook
- ☐ Congregation Beth Shalom's Website
- ☐ Congregation Beth Shalom's monthly Scroll Newsletter
- ☐ Kansas City Jewish Chronicle Newspaper
- ☐ PJ Library
- ☐ I do ***NOT*** give permission for my child's photo to be used in any public communication

Child's Name _____

Parent's Name _____

Parent's Signature _____ Date _____



OVER THE COUNTER MEDICATION AUTHORIZATION

We, _____ give permission to the Nursery
(names of parents)

School administration and staff to administer the following over the counter medications to our
child, _____ as deemed necessary by the Director or her assistant.
(child's name)

The staff will attempt to call for your approval.

Child's current weight (in lbs): _____

| Medication | YES | NO |
|---------------------------------|-----|----|
| Children's Tylenol | | |
| Benadryl | | |
| Children's Advil (Ibuprofen) | | |
| Calamine Lotion | | |
| Sunscreen | | |

Parent's Signature _____ Date _____



PERSONAL INFORMATION WAIVER

I hereby give my consent to share my personal contact information to school and class rosters.

☐ YES

☐ NO

Child's Name _____

Parent's Name _____

Parent's Signature _____ Date _____



RFEC CANCELLATION POLICY

At RFEC we understand that you may need to withdraw your child for a variety of reasons. Please familiarize yourself with the information below.

CANCELLATION PRIOR TO THE START OF SCHOOL

If a parent or guardian wishes to withdraw his/her child before the start of school, RFEC kindly requests written notice at least two weeks (14 days) prior to the first day of school. Failure to provide this notice will result in financial responsibility for the first two weeks of school.

CANCELLATION WITHIN THE SCHOOL YEAR

If a parent or guardian wishes to withdraw his/her child during the school year, RFEC kindly requests written notice at least one month (30 days) prior to the desired cancellation date. Failure to provide the required notice will result in financial responsibility for the subsequent month.

REFUNDS

If a refund is due based on a family's payment plan and previously billed charges, it will be provided. For any enrollment cancellation, please note that the Placement Hold Deposit (\$150) is non-refundable. For cancellations within the school year, please note that the Security Fee along with the Activity Fee are also non-refundable.

DISCONTINUATION OF SERVICES

RFEC reserves the right to terminate the enrollment of a child for reasons including, but not limited to the following: failure to observe RFEC policies and procedures as outlined in the parent handbook; a child's needs that cannot be adequately met with current staffing; physical and/or verbal abuse of staff or children by an adult or child; concern for the safety or well-being of staff, children, or families; non-payment of fees.

Your signature below indicates your willingness to adhere to the RFEC Cancellation Policy. If you have any questions, please contact the RFEC office.

Parent Signature

Date

Parent Printed Name