



LDSC Checklist for Enrolled Parents

Please return all items listed below before your child begins in the program. The return of all requested items will complete your child's registration process.

As you complete each form, check it off on the list below. This will help save you time and unnecessary trips to deliver additional materials.

Thank you for your cooperation.

Items provided by Parent(s)

- Child's Immunization Record (from doctor's office)
- Child's Physical (from doctor's office)

Forms provided to Parent (s) by YHWH-A

- Bounce House Permission Form
- Policies Agreement Form
- Topical Skin Product

Please Note: No child may be admitted without proof of immunizations. Immunizations received must be listed by your physician and signed by the physician. If you are from out of state or have recently changed doctors, we will need official proof of immunizations before your child may be admitted. If your child has had any preschool screening done, please provide a copy of that as well.



Jétton Learning Group, LLC © –Bounce House 10/2021

PERMISSION TO PARTICIPATE ON BOUNCE HOUSE

A parent's written permission before a child participates in or on the bounce house

At least 2 caregivers to be present and able to supervise the children: and

An individual (may be one of the caregivers) currently certified trained in CPR and First Aid Training

My child(ren)
I give permission for my child to participate in/or bounce house:
Parent's Signature



Policies Agreement Form

By signing this page, I/we indicate that I/we have read the policies and agree to follow them as written in the Parent Handbook. A two-week written notice will be given before revising the current policies or adding a new policy.

Parent or legal guardian’s signature

Date of signature

Parent or legal guardian’s signature

Date of signature

Director’s signature

Date of signature

Attachment: Parent Handbook, dated 3/2021

AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT
(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant
as required by 8VAC20-800-750 of the Standards for Licensed Family Day Homes)

_____ has my permission to apply the following
(Name of Provider) non-prescription topical skin product to my child,

(Name of Child)

Product Name: _____

Known Adverse Reactions (if any): _____

- The product must be in the original container and, if provided by the parent, labeled with the child's name
- Manufacturer's instructions for application must be followed
- Parents must be informed immediately of any adverse reaction
- The product must not be used beyond the expiration date of the product
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: _____ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent's Signature: _____ Date: _____