



# Photography Consent Form

Dear Parent/Guardian of: \_\_\_\_\_,  
child name

As the parent of a child/children at All Nestled Inn, FCC (ANI, FCC), I agree to the following:

- I understand that my child(ren) whose name(s) are listed above may be photographed during normal daycare hours, field trips, and/or activities.
- I understand that these photographs may be used in marketing and/or promoting child care services, sharing parent updates, activities and artwork, and on the organization's child identification cards & forms.
- I understand that photos may be either in print or on the internet as part of the child care website or in transmission to my cell phone or email, through enrollment tracking programs.

Parent/Guardian: \_\_\_\_\_  
Name of Parent/Guardian (please print)

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Child Name: \_\_\_\_\_  
Child Name: \_\_\_\_\_  
Child Name: \_\_\_\_\_

By my signature below:

- I give permission for my child(ren) to be photographed, or have their images recorder for use in print and/or electronic formats.
- I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses.
- I agree that this form will remain in effect during the term of my child(ren)'s enrollment, unless otherwise updated in writing.
- I understand that there will be no payment for me or my child's participation or photo.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Parent Payment Protection Plan

This document is a statement of childcare services requested, payment methods requested, and an understanding of the contract agreement that insures enrollment in our programming. This program does not base your fees on hours used, but instead on holding a scheduled time slot within our program for your family. This contract is active and payable each pay period **regardless of circumstances** until the contract is termed and all fees collected bring the contract to a zero balance. Please note, a two-week contract cancellation fee is required.

I, \_\_\_\_\_, have enrolled my child(ren): \_\_\_\_\_

in All Nestled Inn, FCC (ANI, FCC) home for the purpose of caring and educating my child during the following contracted schedule below. Should I need to make changes, it is my understanding that I must wait until the end of my current pay period schedule and put my request in writing. I will then receive a written memorandum of understanding either accepting or denying my request for schedule or payment changes by Stephanie Geneseo for continuation of childcare services. If changes are approved, an addendum to my contract will be signed and dated with the effective date of the new approval. If I am choosing to terminate my contract, I must pay the current fees due and **an additional two week's fee** to close out my account. I understand that my child may or may not attend those last two weeks based on the provider parent agreement of services to be stated. I will respect the professional financial responsibility of my contract and maintain open communication with the program concerning my account obligations.

Because changes directly void the original contract terms of agreement, the addendum form must be attached to a new dated contract with a notary signature.

Please insert your contract schedule beginning time and ending time for each day in the appropriate box:

Day of the Week	Day Shift 730a - 530p	Evening Shift 5p - 11p	Overnight Shift 7p - 7a	Date Night Extension 4hr Maximum
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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I acknowledge my contractual agreement and will follow the invoice payment guidelines to protect my enrollment in the program. As of the date of this form and by my signature of acceptance, I am requesting the following method of payment:

*Please make your selection below*

I am taking part in the ODJFS subsidy program, as such, all or a partiality of my payments will be paid for  *yes*  *No* by the state of Ohio.

Should I be made aware that a copayment is necessary by ODJFS, I am afore making the following selection to make that payment accordingly to ANI FCC:



I will make cash payments:  *weekly*  *biweekly*  *monthly*



I will make payments via Zelle:  *weekly*  *biweekly*  *monthly*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date



# Parental Consent for Record Transfer

*I understand that a child's personal care and education records are confidential but may be disclosed with the written permission of the child's parent or legal guardian.*

Date of Request: \_\_\_\_\_

I request that, Stephanie Geneseo, owner of All Nestled Inn, FCC, a licensed childcare program, transfer the following records:

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Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

and send them to

Agency Name: \_\_\_\_\_

To the attention of: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I authorize the named individual/program to have access to, or copies of, these records for educational support purposes.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date of Transfer



## Parental Consent for Record Release Addendum Notification General Guidance

At All Nestled Inn, FCC (ANI, FCC), we will obtain the attached signed release form to transfer children's records from our program to a new setting at the written request of the parent/guardian. This form is an addendum page in our parent handbook and is reviewed during the interview process and again thereafter annually at Parent Teacher meetings. When children exit the program, a written request for the child's records can be requested by the parent/guardian and this form will be used as consent that the child's records can be released to an external agency or to the parent/guardian directly.

Our staff will be directed to file this consent in the child's file with other signed forms required for documentation that include Photography Consent, Notice with Respect to the Collection of Personal Information, a copy of the Equal Rights Flyer, and a copy of this form will accompany the records transfer file a carbon copy is placed in the child's file listing specifically shared through transfer, date of request, and the fulfillment date of mailing sent.

The first request is at no charge to the family. There is, however, a one-time clerical fee of \$10 per additional request and must be paid prior to the release of information.



# Notice with Respect to the Collection of Personal Information

## Guiding Principles:

1. Our organization is responsible for personal information under our control. Such information shall be protected by safe guards that are morally and ethically pronounced through our commitment to the NAEYC Code of Ethical Conduct.
2. Knowledge and written consent are required by any individual or agency seeking information concerning our client records that are collected, used in practice, or requested for disclosure.
3. Personal information will be accurate, complete, and dated in accordance to actual time stamp data for the necessary purpose to which it will be provided.
4. Personal information provided to our daycare by parents, guardians, physicians, and/or community agency partnerships is at the discretion of the providing entity and will be considered an accurate and true accounting of information regarding the child for purposes of documentation.



Personal information released in any authorization is collected by All Nestled Inn Family Childcare, through Type A licensed provider, Stephanie Geneseo, and/or any staff caring and/or educating the child while under her care. The information will be directly used for delivering high quality childcare services. Questions concerning any information in this request may be directed to Stephanie Geneseo.

I, \_\_\_\_\_, parent/guardian, have read the above notice with respect to the collection and distribution of personal information. This information has been shared with me both at my initial interview for childcare services and at subsequent Parent/Teacher meetings held annually while my child is registered with the daycare.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date



# Parent Copy of Electronic Family Child Care Rules & Regulations Manual

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
have been provided an electronic version of the ODJFS Rules & Regulations handbook. It is my understanding the Family Childcare provider must follow the regulations and any updates in the commission of staff child care responsibilities in caring for children. I recieved my electronic copy at the following email address:  
\_\_\_\_\_

I acknowledge receipt of my copy as witnessed by my dated signature below.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date