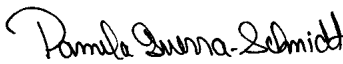


2010/11 Me-Wuk Child Development Lab Preschool Consent Form

Child's First Name: _____ Child's Last Name _____

I give consent		
1. For the Modesto Junior College Child Development Center to take my child on field trips or walks to places of interest and educational value on MJC's west campus (i.e. bookstore, cafeteria to purchase and eat lunch in student center, classrooms such as child development, dental, English, theater, farm, Health Services, library, nursing skills lab, soccer field, student center cafeteria and store, etc.) On MJC's east campus, the children may take a bus to the Great Valley Museum and or locations of interest such as the bookstore or cafeteria. Each family will receive prior notification of any field trips involving transportation by car or bus. Children traveling in vehicles must be properly restrained in car seats or booster seats, as required by law. The MJC bus does not have seat belts.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. That the Modesto Junior College Child Development Center including student teachers, student observers, MJC's Dental Program, and families enrolled at Me-Wuk have the right and permission to copy and publish photographs, anecdotal records, DVD/video tapes or pictures of my child including the use of my child's first name. The photograph/video/DVD/anecdotes, whole, in part, or composite may be used as the program sees fit on publication of educational material, advertising thereof, or for any other lawful purpose. The student teachers take pictures/videos/DVDs for the children's portfolios and the slide presentation. The teaching staff post pictures of the children on Me-Wuk's web site. Each year the dental students make a presentation in the Me-Wuk preschool and take pictures and a video; the pictures are used for bulletin boards for dental information and the video is utilized for training purposes for the dental students. Child Development students exhibit their anecdotal work for the annual Helen Ralph Reception, work fairs, educational conferences, annual Day of the Child festival. In addition, many families at the preschool take videos and pictures of the children to use for their families own personal enjoyment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. For an authorized Modesto Junior College student(s) from both the lab practicum, observation courses, and curriculum courses to observe my child(ren) using his/her first name only in documented observations and share the information from this observation with the Me-Wuk teaching staff including lab instructor, lab assistant, student teachers, and Child Development professors.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. That my child(ren) may participate in the Ages and Stages Questionnaire (ASQ) Screening Tool, (DRDP-R) Desired Results Developmental Profile-Revised or other developmental screenings. I understand that the screening will be conducted at the center and/or home and is for our information only. (Developmental screenings and on-going assessments may include language/communication, cognitive, social-emotional, aesthetic, self-help, fine motor/gross motor development.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. For my child(ren) to have his/her height and weight measured at Me-Wuk, Health Services, or the Nursing Lab.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. For my child(ren) to use fluoridated toothpaste.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. For my child(ren) to participate in vision screenings by a nurse (Elks Vision Screenings.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. For my child(ren) to participate in ear health screenings where a digital picture is taken of the inner ear by a program offered through Stanislaus County Office of Education.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. For the lab instructor and the lab assistant to discuss the child and family with the mental health clinicians from Leaps and Bounds and to make possible referrals. Each week a mental health clinician visits our classroom and does classroom observations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. For the preschool to give out my family name, email address, and phone number to other parents for our phone "tree." We have volunteers from our preschool, who will call to give reminders about school events, parenting classes, and calendar information.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. For the preschool to allow student teachers to call or use email to contact the family to set up appointments (i.e. portfolio presentations) or to check to see why child is not at school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. For my child(ren) to participate in developmentally appropriate activities that support our anti-bias curriculum/philosophy that are planned and facilitated by the families enrolled in the center with the approval of the lab instructor. These activities may include songs, literacy, science, math, cooking, art, including activities such as face painting and/or henna designs on hands/arms.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Informed Consent: I understand that if any of this information changes, I am obligated to notify this program immediately. I understand the information provided above will remain strictly confidential.

Parent/Guardian Signature	Printed Name of Parent/Guardian	Date
	Pam Guerra-Schmidt	April 30, 2010
Staff Signature	Printed Name of Staff	Date