



CLAIM RELEASE

By signing below, _____ agrees to release from and hold harmless from any expenses or claims of any nature, legal or otherwise, the Shorkey Center, its agents, employees and/or representatives, for any injuries sustained by the participant in any activity within the Shorkey Center, save and except for claims arising solely from negligence of the Shorkey Center, its agents, employees and/or representatives.

Name of Child (Please print)

Signature of Parent/Guardian

Date

Printed Name



MEDIA RELEASE

Student: _____

Parent/Guardian: _____

- | | | |
|-------------------------------|--------------------------------------|--|
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my child's first name only to be used in articles |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for an article to be written about my child (the director will review the topic with the parent ahead of time) |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my child's picture to be used |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my child's first name to be captioned under the picture |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my child's school work, with his/her name, to be used |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for my first name (parent's name) to be used i.e. to thank a parent for volunteer work, etc. |
| <input type="checkbox"/> give | <input type="checkbox"/> do not give | permission for pictures of my child to be used in acknowledgments of contributions. I fully understand that those pictures may be used in other publications by the contributors |

Signature of Parent/Guardian

Date



EMERGENCY CONTACT INFORMATION

Child's Name: _____ DOB: _____

First Emergency Contact: _____

Phone(s): _____

Second Emergency Contact: _____

Phone(s): _____

Additional Emergency Contacts and Phone Numbers:

You have my permission to transport my child by ambulance to the doctor and/or hospital in case of serious illness or accident with no liability to the Shorkey Center.

Parent/Guardian Signature

Date



PICK-UP AUTHORIZATION

I authorize the following persons to pick up _____ :
(Child's Name)

1. _____
2. _____
3. _____
4. _____
5. _____

ID **with matching name** will be required

Parent/Guardian's Signature

Date



NOTICE OF PRIVACY POLICY AND PRACTICES

Purpose of this Notice

Shorkey Center respects the privacy of personal information and understands the importance of keeping this information confidential and secure. This notice describes how we protect the confidentiality of the personal information we receive. Our practices apply to current and former clients/patients.

We treat personal information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide the best of care. These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable laws.

Our commitment to you, our patient, is to protect your information from improper use, we will only use the information for the following purposes.

1. We will use the information within Shorkey Center to deliver the best possible care to you.
2. We may share the information with a company that works for us.
3. We may share it with others only when necessary to perform a service for you or if Shorkey Center is legally required to do so.

Shorkey Center does not share any client information with third-party marketers.

For more information, you can contact the Privacy Officer, Anita Vega, at (409) 838-6568 or at 855 S. Eighth Street, Beaumont, TX 77701.



EMERGENCY CONTACT INFORMATION

Child's Name: _____ DOB: _____

First Emergency Contact: _____

Phone(s): _____

Second Emergency Contact: _____

Phone(s): _____

Additional Emergency Contacts and Phone Numbers:

You have my permission to transport my child by ambulance to the doctor and/or hospital in case of serious illness or accident with no liability to the Shorkey Center.

Parent/Guardian Signature

Date



PICK-UP AUTHORIZATION

I authorize the following persons to pick up _____ :
(Child's Name)

6. _____
7. _____
8. _____
9. _____
10. _____

Identification with matching name will be required

Parent/Guardian's Signature

Date

Children must be signed in and out of the child-care center each day. We use an iPad with the Bright Wheel Platform. Children will only be released to their parent/legal guardian or a designated person in the child's folder. Each adult picking up the child must have their name listed on the "pick-up" sheet in the child's permanent folder. Each person picking up the child must have a photo ID on file. No child will be released to anyone who has not been verified as a listed person.

Initial _____



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