



Embracing Equality and Diversity
Family Handbook

R/ 2019



Parent and Guardian Permission Form/Handbook Receipt

The relationship that evolves between parents and teachers contributes tremendously to the sense of trust that is developing in each child. Parents and teachers have important complimentary roles and responsibilities in making a young child's experience in group setting of the highest possible quality. Therefore, the Center will provide developmentally appropriate Practices and instruction for all students. If you feel that you are able to accept them, sign and return the form below to the Center.

- 1. I agree to participate in parent-school activities, including scheduling parent-teacher conferences. I will do my best to keep teachers informed of changes at home and at work with suggestions made by the instructional staff.*
- 2. I understand that my child will be observed and will participate in training and research projects approved by the Center. I will be informed of any special projects in which he/she may be involved, particularly if she/he will interact individually with the researcher.*
- 3. I give the Center permission to photograph and use photographs of my children in the development of videos, published materials or news releases with the understanding that our privacy will be respected and honored. I also give teachers and students permission to photograph or video my child for the purposes of classroom assignments. Photographs may not be used on the Internet without my explicit permission.*
- 4. I understand that if my child is totally unable to function in a group setting, he/she may be asked to undergo diagnostic assessment and may be referred to another agency for assistance. If these resources are not able to provide the necessary assistance, alternative sources for care will be suggested.*
- 5. I understand that **HOPE GROWS CHILD DEVELOPMENT CENTER** will strive to provide high quality and developmentally appropriate care for my child. I know that I am encouraged to observe and participate in my child's classroom at any time and am expected to communicate daily with the staff.*

Location # 1
Hope Grows Child Development Center
9845 Lost Knife Road
Gaithersburg, Maryland 20886
301-990-3170

Location # 2
Hope Grows Child Development Center
20111 Century Blvd Suite -A
Gaithersburg, Maryland 20874
240-246-7835



Embracing Equality and Diversity
Family Handbook

R/ 2019

6. By signing below, I acknowledge that I have received a copy of the Family Handbook which contains all rules and regulations for families.

Child's Name: _____

Parent/Guardian: _____

Administrator's Signature: _____

Date: _____

Assigned Classroom: _____

Location # 1
Hope Grows Child Development Center
9845 Lost Knife Road
Gaithersburg, Maryland 20886
301-990-3170

Location # 2
Hope Grows Child Development Center
20111 Century Blvd Suite -A
Gaithersburg, Maryland 20874
240-246-7835