Walnut Hill
Early Childhood Center

Goshen Day Care Board, Inc.

1700 Shasta Drive Goshen, Indiana 46526 · (574) 534-1884 · (574) 533-5482

CONSENT FOR MEDIA RELEASE

Child Name _____ Date of Birth _____

Parent/ Guardian Name _____

I hereby grant Walnut Hill Early Childhood Center to use my child's/families' likeness in photograph/ video and in all of its publications, including website entries and social media, without payment or any other consideration. I understand and agree that these materials will become the property of Walnut Hill Early Childhood Center and will not be returned. I hereby irrevocably authorize Walnut Hill Early Childhood Center to edit, alter, copy, exhibit, publish or distribute this photo/ video for purposes of publicizing Walnut Hill Early Childhood Center's program or any other lawful purpose. I authorize Walnut Hill Early Childhood Center to use the details of my personal story. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to compensation arising or related to the use of the photograph/video.

I hereby hold harmless and release and forever discharge Walnut Hill Early Childhood Center from all claims, demands, and causes of action which I, my heir, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate have by reason of this authorization. I have read this release before signing below and I fully understand the contents, meaning, and impact of this decision.

Please read the following before signing:

_____ _____

Parent/ Guardian Signature **Date**

_____

Parent/ Guardian Printed Name

WALNUT HILL EARLY CHILDHOOD CENTER

FAMILY FINANCIAL CONTRACT

Parent or Guardian,
You are entering a Financial Contract with Walnut Hill Early Childhood Center. Your weekly fee is based upon the information you provide pertaining to family size and income. This contract is reviewed every six months while your child is enrolled.

Child's Name _____ **Start Date:**_____

Person Providing Financial Information _____ **Relationship** _____

Person Responsible to Make Payments: _____ **Relationship:** _____

Number Persons Living in the Home:	
Income:	**Weekly Income Amount:**
First Weekly Gross Salary Amount and # of hours	$
Second Weekly Gross Salary Amount and # work hrs	$
Social Security (Monthly/ Weekly)	$
Unemployment (Monthly/ Weekly)	$
TANF, Foster Care/ other government funds	$
Child Support (Number of children it supports)	$
Other:	$
Total Income:	$
Weekly Fee Assigned:	$
Percent of Poverty	% Median

Signatures Verify:

- ✓ **The information provided is current, accurate and complete.**
- ✓ **I will notify Walnut Hill of any changes in my household income or family size.**
- ✓ **I understand that failure to pay regularly will result in my child being dismissed from the Walnut Hill program.**
- ✓ **I understand that I can make arrangements with the Family Services Coordinator when my family or I have circumstances that affect my ability to pay.**

_____ _____
Parent/Guardian Signature Date

_____ _____
Witness Date

Home Language Survey*

☐ Check here if the child's parents or legal guardians decline to provide information for this survey.

A. What language do family members use when speaking to the child in the home?

	1	2	3	4	5
	☐ only English	☐ mostly English but sometimes home language	☐ both equally	☐ mostly home language but some English	☐ only home language (not English)

(write in home language: _____)

B. What language does the child use when speaking to family members in the home?

N/A	1	2	3	4	5
☐ Not applicable	☐ only English	☐ mostly English but sometimes home language	☐ both equally	☐ mostly home language but some English	☐ only home language (not English)

C. What language does the child use when speaking to other children in the classroom?

N/A	1	2	3	4	5
☐ Not applicable	☐ only English	☐ mostly English but sometimes home language	☐ both equally	☐ mostly home language but some English	☐ only home language (not English)

D. What language does the child use when speaking to the teachers?

N/A	1	2	3	4	5
☐ Not applicable	☐ only English	☐ mostly English but sometimes home language	☐ both equally	☐ mostly home language but some English	☐ only home language (not English)

Sum of circled numbers		Number of questions answered		
_____	/	_____	=	_____

If this value is 2 or greater and the child is in a preschool 3, pre-K4, or kindergarten class, use Objectives 37 and 38.

***These research reports helped guide our thinking in the development of the "Home Language Survey":**

Aikens, N. L., Caspe, M. S., Sprachman, S., López, M. L., & Atkins-Burnett, S. M. (June 2008). *Paper Symposium: Development of a language routing protocol for determining bilingual Spanish–English speaking children's language of assessment.* Biennial Head Start Research Conference. Washington, DC.

Puma, M., Bell, S., Cook, R., Heid, C., López, M. L., et al. (2005). *Head Start impact study: First year findings.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

Gutiérrez-Clellen, V. F., & Kreiter, J. (2003). Understanding child bilingual acquisition using parent and teacher reports. *Applied Psycholinguistics, 24*(2), 267–88.

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