

# Childcare Simulation

## FRIDAYS:

November 17  
December 1  
December 8  
December 15  
January 5  
January 12  
January 19

RFHS

9:05-10:35am



## **River Falls High School Child Development Class**

**will be conducting a childcare simulation held during class time  
9:05am- 10:35am in room D101 Family Consumer Education.  
Children may come as many days as you would like.**

There is no specific age range, but we are looking for children toddler to preschool. High school students will be putting on various fun and interactive learning activities such as crafts, games, puppetry, storytelling, and music and circle time. Children are asked to wear washable and comfortable clothes. Transportation arrangements, for arrival and departure, of the children will be the responsibility of the parent or caretaker unless a signed permission slip is signed in advance giving permission for a student to provide any transportation. Students must have parental permission to leave school due to liability. Please fill out the attached permission slip and application form.

If you have any questions, please feel free to call me at the high school, **425-1830 ext. 3779**. This is a wonderful opportunity for both young children and high school students.

Thank You.

Kayte Koehler

Child Development Instructor

Family and Consumer Education

I, \_\_\_\_\_, give permission for my child,

\_\_\_\_\_ to attend the Child Development High School preschool activity class on the following days on :

Please make note of transportation arrangements:

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

**Questions, please feel free (715) 425-1830 ext. 3779**

# River Falls High School Child Development Preschool

Parent or guardian must make arrangements to bring the child at 9:05am and pick him/her up at 10:35am unless a written agreement is made ahead of time and turned in to the instructor. High school students may not transport a child without written permission.

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Doctor \_\_\_\_\_

Any allergies: \_\_\_\_\_ Phone # \_\_\_\_\_

Brother(s) or Sister(s): \_\_\_\_\_

Interests of the child that may help us plan activities: \_\_\_\_\_

High School students sponsoring your child (children): \_\_\_\_\_

Briefly state transportation arrangements to and from high school: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_