

QUALITY TIME LEARNING CENTER
8101 GEORGIA AVENUE, SILVER SPRING, MD 20910

We have recently introduced two new items to our playground. While they are great for gross motor physical development, they may offer safety challenges. The first enhancement is the moon bounce. In the moon bounce we allow only six children in the interior jumping area at a time. Children are rotated on a 6-8 minutes basis exiting by the slide. The moon bounce is to be used only twice a week at the most by each class for children 2 and older. From here forward a permission slip will be required for your child to use the moon bounce. Please feel free to inspect the moon bounce before you sign the permission slip. It is in excellent and safe condition.

The second addition are the tricycles which are required to be available under the accreditation standard we are seeking this year. In the new school year beginning August 2023, children who ride tricycles must wear a fitted helmet. A special permission slip is attached and gives permission to allow your child to ride the tricycles. Tricycles will only be available twice a week for each class. No child will be allowed to ride without a helmet. You must purchase a helmet, label it with your child's name, and store it in their cubbies or bring it to school on days when tricycles can be ridden.

Authorization Form
for the use of the Moon Bounce & Tri-Cycles

Permission Slip Approval

My child _____, has permission to enjoy the use of the **Moon Bounce** and **Tri-Cycles** during the **Academic School Year 2023-2024**. The Moon Bounce will be used during the morning and afternoon playground times and any other event at the school.

In the event of an emergency, I hereby authorize Quality Time Learning Center to transport the above-mentioned child to the nearest hospital for care.

I agree to accept responsibility for all financial expenses incurred. My child may use the Moon Bounce and Tri-Cycles throughout the school year. The school owners, directors, teachers, and assistants are released from any obligation in the event of injury.

If your child is on medication, please ensure that the school has written doctor's permission to allow your child to use the Moon Bounce and/or Tri-Cycles.

Child's Name: _____

Child's Name: _____

Parent's Name: _____

Teacher's name: _____

Signature of Parent

Date