

All God's Children
Visitor/Volunteer Registration Information
& Acknowledgement

Child's Name _____ Class _____ Year _____

We welcome parents, family members and volunteers to visit our center, join us on field trips and/or help where needed around the building. Please read over what it includes to be a visitor and/or a volunteer and check the box of the desired position.

A **VISITOR** is:

- A person who **is not counted in DHS ratio** of adults to children.
- A person who is **not in charge of care**, supervision, or guidance of any child, but their own child. (i.e. personal talk with children, interacting with children, helping children with care and needs, problem solving with children, etc.) Supervision of the children is the responsibility of the teachers and staff.
- A person who is **not allowed to discipline** other children, and are encouraged to use only positive guidance and when redirecting their own child(ren). It is the responsibility of the teachers and staff to manage any behavior issues that arise with the children.
- A person who does **not have access to any child alone**, but their own. If taking their own child(ren) away from the group (to the restroom, leaving the site, etc.), a teacher or staff member must be notified so it can be properly documented.

A **VOLUNTEER** is:

- A person who **is counted in DHS ratio** of adults to children unless working outside of the classroom. To be counted in DHS ratio, a Federal and State Background check including fingerprinting must be cleared before volunteering.
- A person who **is in charge of care**, supervision, or guidance of any child. (i.e. personal talk with children, interacting with children, helping children with care and needs, problem solving with children, etc.)
- A person who **has access to children alone** (restroom breaks, small groups, etc.).

Visitors and volunteers are expected to model appropriate behaviors for the children, and abide by the guidelines set by the teachers/staff and the site being visited. After reading, please sign, and return this form to the center prior to the event date.

I understand my role as a visitor and/or visitor and will abide by the rules stated above.

Printed Name

Signature

date

	Office Use Only	
Iowa Background Check	Date Completed _____/_____/_____	
Fed. Background Check	Date Completed _____/_____/_____	Volunteer Statement Date Completed _____/_____/_____