

Child's Name		Age	
to part	I hereby grant permission for my chile articipate in the activities of the center.	d to use all of the play equipment and	
the su	I hereby grant permission for my chile supervision of a staff member for neighborhood		
picture	I hereby grant permission for my child ures connected with center program.	d to be included in evaluations and	
	I hereby grant permission to the center of the interest of the center of	anyone else with the center's	
	I hereby grant permission to the Direct essary to obtain emergency medical care, if was limited to the following:		
	 Attempt to contact parents, guardian, and/o Attempt to contact parents through emerger form. In case the center cannot reach the parents will do any or all of the following: 	ncy numbers listed on application	
a. b. c.	b. call an ambulance.	ency room of the nearest hospital.	
	Any expenses will be borne by the chi	ld's parents or guardian.	
Parent	ent Signature	Date	