

VI. RESPONSIBILITIES OF THE PROVIDER:

- A. I agree to:
1. Provide a licensed day care facility.
 2. Inform parents when child/ren will be away from facility on field trips.
 3. Transfer child/rens' records to any person, agency or public school **ONLY WITH WRITTEN PERMISSION OF PARENT/GUARDIAN/OR RESPONSIBLE PARTY.**
 4. Establish rules and methods of discipline that are constructive and reasonable. Corporal punishment shall be avoided.
 5. Disperse medication **ONLY** when authorized and directed by parent/guardian/or responsible party.
 6. Discuss child/rens' activities with parent and encourage participation when possible.
 7. Have written permission from parent/guardian/or responsible party for each medical, developmental, psychological, or research evaluation that may be a part of day care program.
 8. Other (describe below)

Signature of Provider _____ Date _____

VII. AUTHORIZATION & AGREEMENTS:

Indicate
Yes or No

- A. I agree that:
1. My child/ren will be called for promptly unless prior arrangements have been made _____
 2. My child/ren have my permission to use all of the play equipment and participate in all of the activities provided. (If exception(s), explain Page 2) _____
 3. My child/ren have my permission to accompany their group on all supervised field trips and neighborhood walks. _____
 4. My child/ren may be transported by provider, staff, or volunteers _____
 5. Required medical, dental, and immunization records on my child/ren will be provided _____
 6. Any pictures taken of my child/ren may be used in newspapers, displays, bulletin boards, or other types of educational publications _____
 7. In case of an emergency and neither parent or guardian can be contacted, provider has my permission to secure needed emergency medical care _____
 8. Provider will be notified promptly of any changes in family that would affect child/rens' attendance, activities, or behavior. (This includes up-dating information on this form.) _____
 9. My child/ren will be provided an extra set of clean clothing, a toothbrush, and other personal items that may be requested by provider. _____
 10. Payment for services rendered will be made on a regular basis as outlined in Section IV _____
 11. Other (describe below) _____

B. At the end of the day, or during any day, my child/ren may be released only to the persons signing this form or to the following persons:

Full Name _____ Phone _____ Relation to me _____
 Full Name _____ Phone _____ Relation to me _____

C. Signature(s):
 Parent _____ Date _____
 Parent _____ Date _____
 Guardian or Responsible Party _____ Date _____