GINA'S DAY CARE Parent Agreement and Authorization



Parent Name		1
Child Name	DOB	人方面
As the parent or agree to the following	legal guardian of the above named child, I owing:	
* I understand that At all time.	the state law requires children's immunizations to be up to	o dat
	ina MAnzo of any changes of phone or address for myself to pick up my child (emergency Numbers).	and
	t my child is ill, agree to pick him/her up immediately 1 hou	rs
* I agree to follow a Any contagious illi	II health policies and to inform the family child care home ness.	of
	child according to my contracted child care hours and da ny child's absence or late arrival before his/her scheduled a Fabsence.	
* I undesrtans that Alcohol or drugs.	my child will not be released to anyone under the influence	e of
Disruptive, presen	services may be discontinued if my child's behavior is cont its a danger or safety problem to children or staff, and the improve after join efforts of staff and parents.	
* I understand fees	are due every day my child scheduled to attend child care, absences due to illness or vacation.	,
	children may not be brought to the program after 10:00 a. rangement with the provider.	m.
	custody cases which continually involve staff and create ed to give two weeks notice before living the day care or	
I have to pay for t		
_	the child care home will result in termination of services	
	verbal or physical abusiveness by parent toward staff, adults will result in termination of services	
	ve permission for all of the following for my Child	
	r my child to appear in photographs or videos in my web	
www.ginaschil		
	walks in the neighborhood	
Agree to this day of	2o in Redwood city Ca	
Parent signature		