



Parent Authorization Agreement Form
YWCA Child Care Programs

Child Name

Program Site

Each item must be initialed by the parent/guardian. The bottom of this agreement must be signed, and returned to the program staff before the child attends any Child Care Program.

I authorize my child to receive care from the YWCA Child Care Programs.

I give permission for Photographs and Videos of my child to be used for classroom /publicity purposes

I give the YWCA Child Care Program Staff permission to receive and share information with the school personnel that my child attend. This may include IEPS, 504's, and needed information to assist your child in our program.

I agree to follow all guidelines stated in the parent handbook which I have received, including, but not limited to all fees policies, ill child policy, child withdrawal policy, scheduling and payment policy, hours of operation, as well as to submit all required forms in a timely manner.

As indicated on the child enrollment and health history form, I give my permission for my child to receive emergency medical care or treatment in the event of a medical emergency. I understand that it may be necessary for the YWCA Staff to take my child to the hospital, medical clinic, or call the paramedics before attempting to contact me. Staff will attempt to contact me as soon as possible. I further understand and authorize the YWCA Child Care Program Staff to act on my behalf in granting permission for my child to receive emergency medical treatment or surgery as advised by a physician. The YWCA's insurance policy contains an exclusion that rules out coverage for any injury occurring in our Child Care Programs. What this means is, any expenses incurred as an accident or injury are the responsibility of the parents/guardians.

Medical Insurance Carrier

Policy Number:

Parent/guardian Signature

Date

Families must fill out the information below and sign this form.

Please indicate who is responsible (such as the parent/guardian) for payment of child care services provided by the YWCA of Rock County.

Name of responsible party

Address (if Personal)

Zip Code

Signature

Date