## Parental Agreements with Child Care Facility

The				
		(Name of Facility)		
agrees to pr	ovide child care for		( () 1 )	
	(Name of Child)			
on	(Days of Week)		, beginning at _	AM
		_	<b>.</b>	
ana enaing c	nt PM fron	1 (Month)	то	(Month)
My child wil	l participate in the following n	neal plan (circle applical	ble meals and snack	<b>(</b> s):
Breakfast Snack	Morning Snac	ck Lun	ch	Afternoon
ı	Evening Snack	Dinner	Bedtime S	Snack
Date, Name	medication is dispensed to my of Child, Name of Medicatio e given to child. Medicine wi	n, Prescription Number	r (if any), Dosages	, and Date and Time
•	ll not be allowed to enter or thorized by parent(s), or faci	•	hout being escorte	ed by the parent(s)
changes as	dge it is my responsibility to they occur, e.g., telephone n h status, infant feeding plans	ımbers, work location,	emergency contac	
-	y agrees to keep me inforn medications, etc., which inclu	·	including illnesse	s, injuries, adverse
	horization from me before vities away from the facility, ) feet deep.	· · · · · · · · · · · · · · · · · · ·	in routine transpo	
I authorize available.	the child care facility to a	obtain emergency medi	ical care for my (	child when I'm not
I have recei facility.	ived a copy and agree to abide	by the policies and pro	ocedures for the ab	oove-named
SIGNED:	Parent/Guardio	un .		Date
SIGNED:			_	

Facility Administrator / Authorized Person

Date