

FSA Child Care AGREEMENT FORM

Child's name _____

Birth date _____

I GIVE MY PERMISSION FOR MY CHILD TO HAVE:

Yes No

_____ _____ Photographs and videos used for newspaper, TV and educational displays

_____ _____ Photographs and videos used in the classroom

_____ _____ Observations done by Early Childhood Education students and interns

I AGREE THAT:

Yes No

_____ _____ My child will receive immunizations as required by state law **before** school begins

_____ _____ My child will have physical examinations

_____ _____ My child will have regular classroom attendance based upon contracted times

_____ _____ I will call the center if my child is going to be absent

_____ _____ My child will be picked up on time

_____ _____ Payments will be made on time each week

Signature of parent or guardian

Date

VALID FOR ONE YEAR FROM THE DATE OF SIGNING