



CHILD CARE CENTER POLICY

Receipt of Policy Statement and TACS Requirements

I have received a copy of the Policy Statement and a copy of "Summary of TACS Requirements for Child Care Centers" (located in the student planner for students in grades 1-12).

Name of Child in Child Care Signature of Parent/Guardian Signature of Center Staff

Child's Grade: _____ School Year: _____ Teacher: _____

ATTENTION: Please be aware of this child's following medical condition.

Authorization for Child Pick-Up

Name of Mother/Guardian _____

Name of Father/Guardian _____

Contact Numbers for Mother/Guardian:

Mobile _____ Work _____ Home _____

Numbers for Father/Guardian:

Mobile _____ Work _____ Home _____

I authorize the following people other than myself to pick up my children/children:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Please complete Emergency Contact Information on the Reverse Side

Emergency Contact Information

Please list additional phone number where we can get in touch with a family member in the event of emergency.

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____