

FAMILY CHILD CARE HOME PERMISSION AUTHORIZATION

CHILD'S NAME: _____

PROVIDER'S NAME: JEANNE'S DAYCARE
ADDRESS: 8646 OLIN STREET, LOS ANGELES, CA 90034
TELEPHONE NUMBER: 310 839-0432

THE PROVIDER OR ASSSTANT HAS MY/OUR PERMISSION TO
TRANSPORT MY/OUR CHILD IN A MOTOR VEHICLE TO GO:'

	<u>YES</u>	<u>NO</u>
1 ON FIELD TRIPS	<input type="checkbox"/>	<input type="checkbox"/>
1. TO AND FROM SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>
2. TO OBTAIN MEDICAL CARE	<input type="checkbox"/>	<input type="checkbox"/>
3. ON OCCASIONAL ERRANDS	<input type="checkbox"/>	<input type="checkbox"/>
4. OTHER (SPECIFY BELOW)	<input type="checkbox"/>	<input type="checkbox"/>

THE PROVIDER OR ASSISANT HAS MY/OR PERMISSION TO:

1 TAKE MY CHILD ON WALKS	<input type="checkbox"/>	<input type="checkbox"/>
2 TAKE MYCHILD ON PUBLIC TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>
3 TAKE MY CHILD SWIMMING	<input type="checkbox"/>	<input type="checkbox"/>
4 TAKE PHOTOS OF MY CHILD	<input type="checkbox"/>	<input type="checkbox"/>
5 GIVE MY TELEPHONE NUMBER TO OTHER PARENTS	<input type="checkbox"/>	<input type="checkbox"/>
6 OTHER (SPECIFY BELOW)	<input type="checkbox"/>	<input type="checkbox"/>

PARENT (GUARDIAN) NAME: _____

PARENT (GUARDIAN) SIGNATURE: _____