



THE CHOSEN GENERATION



632 Schroeders Avenue

Brooklyn, New York 11239

646-659-2175

TheChosenGenerationDaycare123@gmail.com

1. The parent/guardian give authorization for the child to participate in the Center's transportation and field trips

Parent/Guardian

Date

2. The child care center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.

Parent/Guardian

Date

3. The parent/guardian authorizes the child care center to obtain immediate medical care if an emergency occurs when he or she cannot be located immediately.

Parent/Guardian

Date

4. The parent/guardian agrees to notify the center immediately if any one in the child's household has a communicable disease. _____ (Parent's Signature)

5. The center will not administer insect repellent. _____ (Parent's Signature)

6. Diaper Creams and Ointments will only be administered when the parent/guardian completes the medication form. _____ (Parent's Signature)

7. Sunscreens will only be used during the months of June through August with a completed medication form. The center will provide all sunscreens with SPF 30. _____ (Parent's Signature)

Administrator of Center

Date

Date Child Entered Center

Date Child Left Center

If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

Notarized

Acknowledged before me this ___ day of _____, 20___ City/County of _____

Notary Public

My commission expires: _____

OFFICIAL USE ONLY IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof **			

** Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency,