

Permission Form

Child's Name			Birthdate	
Home Address	Street	City/State/Zip	Home Phone	
Initials				
	I give permission for teachers to use whatever diaper cream, lotion or powder I provide.			
	I give permission for my child to participate in Water Play during the summer once it is age			
	appropriate. When requested, I will provide a waterproof diaper cover and water shoes that can stay at school as well as a sun hat with a strap. I understand that ALLCC has a late tuition policy if payment is received later than 5 days after the due			
	date. There will be a fee of \$20 added to the outstanding balance.			
	I understand that ALLCC has a late pick-up policy and if I pick my child up after 6:00 pm, there will be a fee of \$25 + \$1 per minute after 6 pm I understand that if I require non-prescription medication to be administered to my child it must be age appropriate and a medication log must be filled out. The medication must be in its original container and labeled with my child's first name and last initial as well as the date it is brought into			
	the center.			
I have read and	understand the items above:			
Parent or Guardian Signature			Date	
Parent Har	ndbook Receipt			
I acknowledge t	hat I have received, reviewed and have	e had an opportunity to discu	ss the Parent Handbook.	
Parent or Guardian Signature			Date	