

PARENTS/GUARDIANS: WE RESERVE THE RIGHT TO REFUSE CARE SERVICE FOR YOUR CHILD, IF WE ARE UNDERSTAFFED, YOUR CHILD IS NOT HEALTHY, LACK THE CAPABILITY OF PROPERLY CARING FOR THE CHILD, AND/OR YOU HAVE NOT PROPERLY FILLED OUT THE *CHILD CARE REGISTRATION FORM*.

CAREGIVERS: VERIFY THAT A *CHILD CARE REGISTRATION FORM* IS ON FILE BEFORE ACCEPTING CHILD. IF SO, THEN PLACE CHECK MARK BY CHILD'S NAME. IF NOT, HAVE PARENT OR GUARDIAN FILL OUT A FORM.

**PARISH NAME**

\* \* \* \* \*

**CHILD CARE CHECK-IN**

I, the undersigned parent/guardian, hereby grant *Parish Name* located at *Parish street address, city, state, zip code*, the authority to take temporary care of my child which may include seeking appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.

✓	CHILD'S NAME (TIME IN)	SECURITY NUMBER	CHILD'S AGE	PARENT(S)/GUARDIAN(S) SIGNATURE	PARENT/GUARDIAN CELL PHONE NUMBER PLEASE SET PHONE TO VIBRATE IN CASE WE HAVE TO PAGE YOU	LOCATION AT PARISH OF PARENT/GUARDIAN	NAME OF AUTHORIZED INDIVIDUAL PICKING UP CHILD (PHOTO – ID REQUIRED)	AUTHORIZED INDIVIDUAL'S SIGNATURE (TIME OUT)
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**CHILD CARE WILL BE FROM \_\_\_\_\_ TO \_\_\_\_\_ TODAY  
PLEASE PICK UP YOUR CHILD WITHIN 10 MINUTES OF ENDING TIME**