

# CARE-A-LOT Early Learning Centers

## PERMISSION AUTHORIZATION

In the event of accidental injury or sudden illness, the Director will provide immediate, appropriate measures as the condition warrants.

- a. If condition warrants, notify paramedics (911).
- b. Parents will be notified. If further treatment is necessary the parent/s will be directed to go to Resurrection Hospital Emergency Room 7435 W. Talcott 312-792-5255.
- c. If possible, a staff member will accompany the child to the hospital until the parent arrives.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby give permission for , \_\_\_\_\_ , to participate in any of the  
(Print Child's Name)  
following programs or activities that are under the supervision of CARE-A-LOT Early

Learning Center, Inc.: *\*Please check the boxes below for authorization\**

- School-Supervised walking field trips, off the premises, to places of interest within the community.
- Photographs of my child to be taken for publicity purposes.
- I give permission for my child's name, address and phone number to be published in a class directory.

I agree that if this application is accepted by CARE-A-LOT Early Learning Center, Inc., I will pay the tuition in advance, in accordance with the rates in effect. A two week notice will be given, in writing, to the Director before any changes are made to my child's schedule. If I should not give a two week notice that my child will not be attending the center, I realize and agree to the fact that I will then forfeit the advance payment of one week tuition that I have made. I understand the deposit will NOT be refunded as a cash payment, but will be used toward the third week-after the initial two week notice has been given.

By signing my name below, I hereby agree to all the statements on this form and give my permission for my child to receive emergency treatment as specified above.

Parent Print Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_