

Ark Child Development Center
Parental Agreement Form

Child's Name: _____ Class: _____

- I hereby grant permission for my child to use the play equipment and participate in all of the activities of the Ark Child Development Center.
- The Ark will not be responsible for anything that may happen as a result of false or incorrect information given at the time of enrollment.
- I hereby grant permission for my child to leave the Ark Child Development Center premises under supervision of an Ark staff member for neighborhood walks or for field trips in an authorized vehicle.
- I hereby grant permission for my child to be included in staff evaluations.



I hereby grant permission for my child _____ in the _____ class to have the Ark Director and/or designated staff take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to
1) attempt to contact a parent or guardian; 2) attempt to contact the child's physician;
3) attempt to contact you through any of the persons listed on the emergency information form;

4) If we cannot contact you or your child's physician, we will do any or all of the following: call another physician or paramedic, call an ambulance, and/or have the child taken to an emergency hospital in the company of an Ark staff member; 5) any expenses incurred by these efforts will be borne by the child's family.

Emergency Medical Transportation Yes No



Emergency Medical Treatment Yes No

Name of doctor and/or preferred medical facility _____

Doctor Phone #: (_____) _____ Medical Conditions: _____

Allergies: _____

Printed Name: _____ Signed Name: _____ Date: _____
Mother/Legal Guardian

Printed Name: _____ Signed Name: _____ Date: _____
Father/Legal Guardian