

**CHILD CARE AGREEMENT**

1. That my child, \_\_\_\_\_ may participate in all health activities in which immunization, dental, hearing, and speech exams are given as part of the Camden County Child Care Center program.
2. That any pictures taken of my child may be used in newspapers, displays, bulletin boards, or other types of educational publications
3. That my child may accompany his / her class on all scheduled field trips.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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**TRANSPORTATION PARENTAL AUTHORIZATION**

Your child \_\_\_\_\_ will be picked up at \_\_\_\_\_ a.m. /

location: \_\_\_\_\_ dropped off:

\_\_\_\_\_ p.m. / location: \_\_\_\_\_

The person(s) to release your child to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If the above person(s) fail to receive your child in the afternoon, he / she will be transported back to the Camden County Child Care Center and it becomes your responsibility to pick up the child(ren) before 5:00 p.m.

\_\_\_\_\_  
Parent / Guardian Signature