



**Parent Information: If you're a Title XX client, you are required by Franklin County to submit weekly Schedules if your hours vary. The center will require a copy of that schedule to be on file weekly.**

**Mother / Guardian** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Work Schedule: Must Provide Copy of Weekly Schedule if Varies**

**Monday:** \_\_\_\_\_ **Tuesday:** \_\_\_\_\_ **Wednesday:** \_\_\_\_\_ **Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_ **Saturday:** \_\_\_\_\_ **Sunday:** \_\_\_\_\_

**School Schedule:**

**Monday:** \_\_\_\_\_ **Tuesday:** \_\_\_\_\_ **Wednesday:** \_\_\_\_\_ **Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_ **Saturday:** \_\_\_\_\_

**CHILD'S S RELEASE AND EMERGENCY CONTACT INFORMATION**

**(PLEASE PROVIDE A MINIMUM OF TWO CONTACTS OTHER THAN THE PARENTS)**

**(You are granting permission for your child to be picked up by these people without notification, or contact in case of an emergency). All persons must show picture identification at the time of pick-up. Local emergency contacts are adults and persons age 16 and older.**

**Name** \_\_\_\_\_ **Emergency contact only** \_\_\_\_\_ **Both release & emergency contact** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Emergency contact only** \_\_\_\_\_ **Both release & emergency contact** \_\_\_\_\_

**Phone #** \_\_\_\_\_

## ACKNOWLEDGEMENTS / PERMISSION & RELEASES

### PHOTOS

I give permission to the 21<sup>st</sup> Century Edu-Care Center to use photos of my child(ren) in print and electronic media, including newspaper, Facebook, and the center's website.

Your signature below indicates that you understand and agree with this policy.

-----  
Signature of Parent / Guardian

### Sharon Woods Park (Routine Permission)

I give my permission \_\_\_\_\_ / I do not give my permission \_\_\_\_\_ for my child \_\_\_\_\_ to be transported to and from 1673 Karl Court (21<sup>st</sup> Century address) to Sharon Woods Park (6911 Cleveland Avenue Columbus, OH 43081). This permission is granted on (date) \_\_\_\_\_ while my child is enrolled at the 21<sup>st</sup> Century Edu-Care Center. During this time, my child will not have access to water two feet or more in depth. \_\_\_\_\_ My child is not 4 years old and does not weigh 40 pounds. My child will accompany their class on all routine field trips away from the center as long as they are enrolled in the 21<sup>st</sup> Century Edu-Care Center. I understand I will be notified in advance about planned field trips, however routine field trips will not require additional written permission.

Your signature below indicates that you understand and agree with this policy.

-----  
Signature of Parent / Guardian