

Does this parent have permission to remove the child from the center? Yes _____ No _____
(If it is your desire that the absent parent not remove the child from the program, you must provide the center with the legal documentation that states they are not authorized to remove the child from the center)

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 _____ **Cell Phone** _____
Work Address _____ **City** _____ **State** _____
Zip _____
Employer _____ **Department** _____
Work Phone Number _____ **Extension** _____

Employment Hours: Must Provide Copy of Weekly Schedule if Varies

Monday: _____ **Tuesday:** _____ **Wednesday:** _____ **Thursday:** _____ **Friday:** _____
Saturday: _____

School Schedule:

Monday: _____ **Tuesday:** _____ **Wednesday:** _____ **Thursday:** _____ **Friday:** _____
Saturday: _____

Father / Guardian _____ **Cell Phone** _____
Work Address _____ **City** _____ **State** _____
Zip _____
Employer _____ **Department** _____
Work Phone Number _____ **Extension** _____

Employment Hours: Must Provide Copy of Weekly Schedule if Varies

Monday: _____ **Tuesday:** _____ **Wednesday:** _____ **Thursday:** _____ **Friday:** _____
Saturday: _____

School Schedule:

Monday: _____ **Tuesday:** _____ **Wednesday:** _____ **Thursday:** _____ **Friday:** _____
Saturday: _____

Child's Release and Emergency Contact

(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 emergency). All persons must show picture identification at the time of pick up. Local emergency contacts are adults and persons aged 16 and older.

Name _____ Emergency contact only ___ Both release and Emergency Contact ___
Phone Number _____

Name _____ Emergency contact only ___ Both release and Emergency Contact ___
Phone Number _____

Name _____ Emergency contact only ___ Both release and Emergency Contact ___
Phone Number _____

Name _____ Emergency contact only ___ Both release and Emergency Contact ___
Phone Number _____

Acknowledgements / Permission & Releases

PHOTOS

I, undersigned give permission to the 21st 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 (21st Century) to Sharon Woods Park 6911 Cleveland Ave. Columbus, OH 43081. This permission is granted on (date) _____ during their hours of enrollment at the 21st Century Edu-Care Center. During this time, student will not have access to water two feet or more in depth. _____ My student is not 4 years and 40 pounds. _____ My student is over 4 years and 40 pounds. My child will accompany his/her class on all routine field trips away from the center as long as he/she is enrolled in the 21st Century Edu-Care Center. I understand that I will be notified in advance about planned field trips, however, routine field trips will not require additional written permission form.

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

Signature of Parent / Guardian

Columbus Metropolitan Library - Karl Road

I give my permission ____ / I do not give my permission ____ for my child _____ to walk to and from Columbus Metropolitan Library 5590 Karl Road Columbus, OH 43229 during the hours of 10:00AM - 3:00PM Monday - Friday. This permission is granted on (date) _____ and is valid until withdrawn in writing. During this time, my student will not have access to water two feet or more in depth. My child is not over 4 years and 40 pounds. ____ My child is over 4 years and 40 pounds. ____ My student can accompany his/her class on all routine walking trips away from the center as long as he/she is enrolled at the 21st Century Edu-Care Center. I understand I will be notified in advance about planned field trips; however, routine trips will not require any additional field trip permission forms.

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

Signature of Parent / Guardian