

Family Home Child Care Permission Authorization

Child's name	First	Middle	Last	Licensee's Name Jennifer Mickelson																																							
<p>The provider or assistant has permission to transport my child in a motor vehicle to go:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 5%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. On field trips</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. To and from school</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>3. To obtain medical care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. On occasional errands</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>5. Other (specify below):.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>This permission is granted when the licensee follows all the requirements for transporting children. WAC 170-296-1250 We will only transport children to obtain medical care or in the case of a disaster. In such case will take water, food, and supplies to the fire station to await parent's arrival.</p> <p>The provider or assistant has my permission to:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 5%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Take my child on walks</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Take my child on public transportation.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Take my child swimming.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Take photographs of my child.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Give my telephone number and address to other parents.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. Other (specify below):.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Use photos of my child on the Love and Laughter website, FB page, blog, advertisement, or beachcomber article.</p> <p>Parent's Email address: _____</p> <p>Important emails in regards to policies, reminders, or openings will be sent out periodically to parents.</p>						Yes	No	1. On field trips	<input type="checkbox"/>	<input type="checkbox"/>	2. To and from school	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. To obtain medical care	<input type="checkbox"/>	<input type="checkbox"/>	4. On occasional errands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Other (specify below):.....	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	1. Take my child on walks	<input type="checkbox"/>	<input type="checkbox"/>	2. Take my child on public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	3. Take my child swimming.....	<input type="checkbox"/>	<input type="checkbox"/>	4. Take photographs of my child.....	<input type="checkbox"/>	<input type="checkbox"/>	5. Give my telephone number and address to other parents.....	<input type="checkbox"/>	<input type="checkbox"/>	6. Other (specify below):.....	<input type="checkbox"/>	<input type="checkbox"/>
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