

Signature of Parent/Guardian _____ Date _____

I have read/understood and agree to abide by the policies of West Valley Child Care:

Signature of Parent/Guardian _____ Date _____

I permit my child _____ to have and use the following non-medical medications while attending West Valley Child Care. Please initial any or all that you give permission to use.

___ chapstick ___ lotion

___ sunscreen ___ hand sanitizer

___ other _____

Signature of Parent/Guardian _____ Date _____

Attendance Schedule:

West Valley Child Care centers open at 7:00am and close at 6:00pm. Please keep us informed and up to date as to your child's schedule. The following schedule will be in effect until you notify us otherwise. Please call us if your child will not be attending the center on the days you have signed up for. We need to be notified if they are absent on their regularly scheduled days. We need to know exactly when to expect your child so that we know they are safe & where they are supposed to be.

Please check morning, afternoon or both:

Monday	Tuesday	Wednesday	Thursday	Friday
Am <input type="checkbox"/>	Am <input type="checkbox"/>	Am <input type="checkbox"/>	Am <input type="checkbox"/>	Am <input type="checkbox"/>
Pm <input type="checkbox"/>	Pm <input type="checkbox"/>	Pm <input type="checkbox"/>	Pm <input type="checkbox"/>	Pm <input type="checkbox"/>

Please check one:

- This is a permanent schedule (until further notice)
- This schedule is for the week of: _____