

***Special Instructions

Receipt Requested _____ Billed _____

Name of Child _____ Age _____ Date _____ Time In _____

Notify in Case of Emergency _____ Phone _____

Parent may be reached at _____ Phone _____

Person Picking up Child _____

In case of emergency medical care, I give my permission for my child to be treated and minor first aid given and/or transported to UPMC Passavant for treatment. I also give my permission for the staff to give a prescription or non-prescription drug which I wish to be administered to my child.

FEE: \$4.20/hour (6 weeks-18 months)

\$3.75 (18 months-Kindergarten)

Parent Sign In _____ Parent Sign Out _____

EXPECTED TIME OF RETURN	ACTUAL TIME OF RETURN	AMOUNT PAID	NAP & TIME	LUNCH
_____	_____	\$ _____	_____	_____

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