

I hereby grant permission to the staff of Pony Preschool & Child Development Center to:

1. Take the necessary steps in the event of a medical emergency
2. Administer diapering products(if applicable) provided by parent/guardian
3. Administer sun screen provided by parent/guardian
4. Take my child on a weather appropriate walking field trip less than one mile round trip

Financial Arrangement

Days Attending: Mon ___ Tues ___ Wed ___ Thurs ___ Friday ___

Hours Needing Care: _____

Meals Needed: Breakfast ___ AM Snack ___ Lunch ___ PM Snack ___

Payment to be made: Weekly ___ Bi Weekly ___

AUTHORIZATION: We the undersigned hereby agree to abide by the arrangements and authorizations so stated in the above agreement.

Signature of Director of P.P.C.D.C. _____ Date _____

Signature of Parent Admitting Child _____ Date _____