



PERMISSION TO ATTEND A CONTRACTED CLASS

Name of Child(ren): _____

Name of Adult Escorting to Class: _____

Contracted Class Title: _____

Start Date of Class: _____ End Date of Class: _____

Every (circle days class takes place): M T W Th F

Location: _____ Time: _____

Will your child return to Art4Life after the activity? YES NO

Facility Name/Address (if not held at school): _____

I understand that this class is offered by another agency or organization other than Art4Life and that the certificate from the Child Care Division for operation of a child-care center does not apply. Therefore, the standards from the Rules for the Certification of Child Care Centers may not apply. Specifically:

- Teachers may not meet minimum state child-care standards.
- Teacher-to-child ratios may not meet minimum state child-care standards.
- Teachers may not have completed a Child Care Division criminal background check.

I give my permission for my child(ren) to attend the class(es) offered at the child care facility listed above.

PARENT SIGNATURE

DATE