

Authorization for Temporary Visit

Child's Name: _____

I, _____, give permission for my child to be in care at Loving Hands Enrichment Center on _____. My child will be in care for 3 hours starting at the time of drop off which is _____. As discussed, my child is visiting the center to see how well they adjust. I am aware that this does not allow my child to be admitted to full time care. The child must be picked up by the agreed upon timeframe or you will be charged \$60 for the day and you will forfeit an opportunity for enrollment.

Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Director: _____ Date: _____

Contact Info:

Home _____ Cell _____

Work _____