



Permanent Provider: _____ Tel: _____

Address: _____ City: _____

BACK-UP PROVIDER

Back-Up Provider: _____ Tel: _____

Address: _____ City: _____

Start Date: _____ End Date: _____

Voucher Start Date: _____ Voucher End Date: _____

Voucher is: Full Time ☐ Part Time ☐ Schedule: _____

My child will arrive to the program by:

- ☐ Parent Drop Off
- ☐ Supervised Walk
- ☐ Unsupervised Walk
- ☐ Public/Private Van (see Transpro intake)
- ☐ Bus
- ☐ Private Transportation provided by Parent

My child will depart the program by:

- ☐ Parent Pick Up
- ☐ Supervised Walk
- ☐ Unsupervised Walk
- ☐ Public/Private Van (see Transpro Intake)
- ☐ Bus
- ☐ Private Transportation provided by Parent

Child's Name: _____ DOB: _____

Child's Address: _____ Tel: _____

City: _____ State: _____

Medical Concerns/Allergies: _____

PARENT / GUARDIAN'S INFORMATION

Parent's/Guardian's Name: _____ Tel: _____

Place of Work: _____ Tel: _____

Special Instructions: _____

Emergency Pick-Up Person (1): _____ Tel: _____

Emergency Drop-Off Address: _____ City: _____

Emergency Pick-Up Person (2): _____ Tel: _____

Emergency Drop-Off Address: _____ City: _____

Doctor's Name: _____ Tel: _____

☐ Please attach the Individual Health Care Plan Form for any child with a chronic health condition or medical treatment plan.

Parent/Guardian initials: _____

PARENTAL PERMISSIONS & ACKNOWLEDGEMENTS

I, _____, parent/guardian of _____, will allow my child to go to Back-Up care at the provider's home stated above for the term indicated. I understand that this arrangement is temporary until my permanent provider returns.

I also authorize **CDE Staff** to make the necessary changes to my current transportation arrangements while my child is in Back-Up care at the new provider's home.

In the event of a medical emergency with my child, and I can't be reached, I authorize for **CDE Staff** or the **Back-Up Provider**, or my emergency contacts to transport my child to the nearest hospital for medical attention. I also understand that the provider is trained in the basics of First Aid and CPR and I authorize her or **CDE Staff** to give my child CPR or First Aid if needed. I authorize my emergency contacts to take custody of my child in the event that I cannot be reached.

PARENT'S SIGNATURE: _____ **DATE:** _____

☐ I give the Back-Up Provider authorization to take my child off premises for walks to a nearby park.

Provide copies to: Payroll Clerk, Director, Driver and the Provider's File.