



**IT IS IMPORTANT THAT YOU
RETURN THIS FORM TO THE OFFICE**

1.) (We) the undersigned parent or legal guardian permit Prime Time to admit our child (children) _____ to the hospital on our behalf in the event of an emergency.

Signature

Date

2.) (We) the undersigned parent(s) has (have) received and read the State's Information to Parents.

Signature

Date

3.) (We) the undersigned parent(s) understand that if we hire a staff member to babysit at home, Prime Time is not responsible for that staff member when she is off school premises and outside of our supervision.

Signature

Date

4.) (We) give Prime Time permission to photograph our child and use these photos for publicity. Please inform us if you do not wish your child photographed.

Signature

Date