

Third Party Professional Services – Parent Release

			give permission	for a representative from
(Parent Printed N				·
				to provide services for my
(Name of Ag	gency)			
child			S	cheduling of appointments wil
(Child's Prin	ted Name)			
determined by the child care c	enter direc	tor and the a	gency's represei	ntative.
Services for my child may be p	rovided in a	a group settir	ng (classroom) o	in a one-on-one setting (if
space is available.) The name	of the repr	esentative w	ho will be provic	ing services is
(Name of Representative I			his representati	ve is authorized to work
one on one with my child in a ${\mathfrak g}$	group settir	ng (classroom	n) or in a private	area or room; however,
they may not remove the child	I from the p	oremises.		
Services will begin on		and	continue until _	·
Parent Signature				
Date				
To Be Completed by the Direc				<u></u>
Frequency of expected visits:	Daily	Weekly	Bi-Monthly	Monthly
Day of the week				
Time of day	Start time	e	End t	ime
Director Signature				
Sarvicas Panrasantativa Signat	uro			