



Silva's Youth of Today Childcare Learning Center, LLC  
656 Silver Lane East Hartford, CT 06118  
(860) 569-8300 phone/ (860) 568-5839 fax

**PARENTAL AGREEMENT FORM**

I (we) have read and agree to abide by the operational Policies as described in the Parent Handbook. My (our) child \_\_\_\_\_ has permission to participate in the program and activities of the Center including the use of all equipment.  
(Child's Name)

Silva's Personnel is authorized to perform First Aid/CPR on my child \_\_\_\_\_ should the need for such treatment arise.  
(Child's Name)

Silva's is authorized to call 911 and obtain emergency medical treatment for my child \_\_\_\_\_ should the need for such treatment arise. And should my child need to leave the premises by an Emergency vehicle, Silva's personnel has permission to accompany my child if I am not here. Silva's has permission to allow my child \_\_\_\_\_ to leave the premises in an Emergency vehicle and be taken to \_\_\_\_\_ hospital or the hospital determined by emergency personnel.  
(Child's Name)  
(Hospital Name)

I (we) agree to assume all financial responsibility that may arise from the procurement of such treatment for my (our) child \_\_\_\_\_.  
(Child's Name)

My (our) child \_\_\_\_\_ has permission to accompany any authorized staff person off the Center's premises for any trips involving transportation. I understand that notification and an individual permission form will be provided in advance.

My (our) child \_\_\_\_\_ has permission to be transported from the Center to child's school by bus or by Silva's van.

My (our) child \_\_\_\_\_ has permission to be included in photographs, slides and/or videos that may be taken in the childcare program.

I (we) agree to give the Center 2 weeks advance notice, in writing, in the event of withdrawal from the Center. I understand that I will still be responsible for payment of 2 weeks tuition, should I fail to give enough notice.

I (we) are aware that it is a policy of Silva's Youth of Today Childcare Learning Center to report any suspected child abuse and/or neglect to the Department of Children and Families.

I (we) understand that Silva's Youth of Today Childcare Learning Center and/or any employee thereof is not responsible for any consequences that may result from information withheld or false and incorrect information given at the time of registration or any time thereafter.

I am (we are) the person (s) legally responsible for the care of the above named child.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

(Silva's Representative)