

I _____ (Parent/Guardian) give my consent to Kids
Paradise Daycare & OSC to share my child _____
information with the Government.

Parent Name/Guardian Name : _____

Parent Sign : _____

Date :

Child Name: _____

Child Date of Birth :

Parent or guardian's first and last name : _____

Parent or guardian's phone number and email :

Type of Program : Facility Based Daycare & OSC

Enrollment start date: _____

Monthly hours child is registered to attend : Full Time 100+ Hours