



CITY OF FALLS CHURCH

PARENTAL AGREEMENT

As a part of new licensing standards, the following agreement must be signed and returned by the parent or guardian the week prior to your child's start date.

By signing, I agree to the following:

An authorization for emergency medical care should an emergency occur when the parent cannot be located immediately unless the parent has stated, in writing, an objection to the provision of such care on religious or other grounds.

*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardians that states the objection and the reason(s) for the objection.

The City of Falls Church Community Center and/or teacher will notify the parent when the child becomes ill and the parent will arrange to have the child picked up ASAP, prior to the scheduled end time.

Parents will inform the center within 24 hours or the next business day after his or her child or any member of the immediate household has developed any communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent's Signature: _____ Date: _____

Parent's Name (please print): _____

Child's Name (please print): _____

Administrator of Center /Teacher's Signature: _____

Falls Church Community Center • 223 Little Falls Street • Falls Church, Virginia 22046

703-248-5077 • 703-536-8150 FAX • www.fallschurchva.gov