Green Valley United Methodist Preschool & Kindergarten Contract

I have read the parent handbook and will hold the terms of this contract.	
Parent Signature	_ Date
PERMISSION TO RELEASE INFORMATION	
I understand that the time my child, may be asked for information regarding my child.	, is in the facility, the Director
Please check one:	
hereby give permission to release information to official persons only, who appropriately identify themselves, such as schools, health care personnel, welfare or other government officials.	
Signature of Parent/Guardian	
do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the State of Nevada Child Care Licensing Bureau has access to my child's record as the licensing agent. Signature of Parent/Guardian	
Signature of Parent/Guardian	

(Please sign this page and return with your Registration Packet)