



DISCOVER MAGICAL MOMENTS DAYCARE CENTER

Record of information given to parents form

I have received a copy of Discover Magical Moments Daycare Center's **Health and Safety Policies for Parents and Staff Handbook 2003**.

Parent/Guardian's Signature _____ Date: _____

I have received a copy of **Reporting Policy For Programs Providing Services To Children** dealing with reporting suspected abuse and neglect of children.

Parent/Guardian's Signature _____ Date _____

Parent Permission Signatures

I give permission to Discover Magical Moments Daycare Center's Health Consultant to view my child's records located at the center.

Parent/Guardian's Signature _____ Date _____

I give permission to Discover Magical Moments Daycare Center to allow the MN State Licenser to view my child's records located at the center.

Parent/Guardian's Signature _____ Date _____