

FLOYD COUNTY HEAD START

Baby-Sitter Release

Email: Ebradshaw@fcheadstart.com or Fax# 812 271-4145

Date: _____

My child, _____, will be staying at the following address on a permanent daily basis. Please pick him/her up, and take him/her to this address. I understand that if this address changes, I must notify Head Start immediately.

Parent or Guardian's Signature: _____

Baby-sitter or Daycare must fill in this section:

I, _____, the baby-sitter or
Daycare of _____

Have read and understand the Bus Codes for the Floyd County Head Start program, and I agree to comply with these Codes. I will be responsible for seeing that the child is ready when the bus comes, and for taking the child to the bus for loading, and for meeting the bus to take the child off.

Baby-sitter/Daycare Signature: _____

Address: _____

Phone Number: _____

Additional Workers: _____
