



# LICENSED CHILD CARE CENTER CONSENT FORM

**Instructions: To be completed for each child enrolled.**

I hereby grant permission for Kid's Connection Child Care, Inc. to report the name and date of birth of my child listed below to the Division of Family and Children, pursuant to IC 12-17.2-2-1.5.

Name of Child: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

**\*Verification of Date of Birth may be completed through a documented copy of the Birth Certificate or a duly attested transcript of the Birth Certificate.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_