

"Where Kids Count"

Authorization for Release of Information

I (we)	of
(Parent / Guardian Name) (Address)
consent to the disclosure, transmittal, or exa	mination of information in regards to developmental
concerns regarding	
(Child's Name)	(Date of Birth)
I/we hereby authorize communication between	een personnel of:
More Than Just E	Babysitting Child Care Centre Inc.
	AND
Academie Catholique Ange-Gabriel or St	. Mark Catholic School or Wellington Elementary School
The purpose of this disclosure is to assist in t	he development and well-being of the above-named child
	AT
More Than Just B	Babysitting Child Care Centre Inc.
Unless otherwise noted, this authorization is	valid for the length of time my child is enrolled at
More Than Just B	Babysitting Child Care Centre Inc.
Once your child has been withdrawn from th	e centre, this authorization becomes null and void.
Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date