



Unaccompanied CHILD Parent/Guardian Agreement Form

FOR CHILDREN TO ARRIVE OR LEAVE UNACCOMPANIED BY PARENT/GUARDIAN

I, _____ hereby agree for my child/ren
(Parent / Guardian)

Name: _____ DOB: _____

Name: _____ DOB: _____

To arrive unaccompanied To leave unaccompanied

To/From the Family Day Care home of _____
(Educator)

Educator Address:

Travelling to/from (origin/destination) _____

Method of transport: (car/walk/bus/taxi etc.) _____

If accompanied by a person outside FDC: _____

Estimated travel time for the child: _____ (assistants will be called if longer than this time)

The contracted hours of care shall begin on arrival at _____.
(Time)

The contracted hours of care shall cease on departure at _____.
(Time)

**I understand that responsibility of the child/ren remains with the
parent/guardian until the child is signed in/out of care with the educator.**

Parent/Guardian Signature: _____ Date: _____

Educator Signature: _____ Date: _____