



I, _____, parent of _____ give my permission for my child to move from the baby class to the Two's class. He/she is developmentally ready (both socially and academically) for the structure that the Two's class has to offer. I understand that the ratio will change and that I need my child's physician to give consent by signing below or by attaching a signed note. My child's date of birth is: _____.

Parent signature

Date

Physician signature

Date

The Gift of Kids Staff Member

Date