

PATERSON DAY'CARE 100 INC. CHILD DEVELOPMENT CENTER

P.O.BOX 2846

PHONE: (973)278-5200 FAX: (973)278-5055

ar o				× 2	
P	HOTOGRAPHS OF U	INUSUAI	INCID	ENT	47
		٠			
The state of the s	Agent agent and a finite from committed and committee and a fine of the finite of the	make and an extended of second as the second of T periods are make			*
DATE:	* **	,	\$ 57 8		45
DAIL.			61		
TO WHOM IT MAY	Y CONCERN:			ж 9	.0
1		GIVE PERMISSION TO PATERSON			
PARENT/GAUR	RDIAN NAME				
DAY CARE 100,	INC TO PHOTOGRAPH N	MY CHILD		· control transfer to the second seco	11
THE EVENT OF A	NY UNUSUAL INCIDEN	T(S), THAT	PHYSICA	LLY INVOLVES	S MY
			(S)		
CHILD; THE PHO	TOGRAPH WILL SERVE	AS CONF	IRMATION	V OF THE PRO	BLEM
AREA.					
			K* 8	8	(1) (2)
*					
			10 de 10 de 200	3	
PARENT/GAURDIAN SIGNATURE				DATE	Commence and other to
*					<i>E</i>
	, 18 B				O Parameter
FAMILY WOR	EKER SIGNATURE .		AND COLUMN TO THE OWNER OF THE OWNER O	DATE	