



HOMELESS HEALTH CARE
LOS ANGELES

Homeless Health Care Los Angeles

CHILDCARE PROGRAM AGREEMENT TO PARTICIPATE

I acknowledge I attended the Childcare Orientation and received a copy of the Childcare program Manual. I have had an opportunity to discuss it, and any questions I have had have been answered to my satisfaction. I agree to follow the guidelines as stated in the Childcare Program Manual, and I here request and consent to participate in the Childcare Program.

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REVISED: 10/10