



LICENSED CHILD CARE CENTER CONSENT
State Form 50548 (12-01) / ECD 0089

Instructions: To be completed for each child enrolled.

Parent, Guardian, or custodian permission:

I give my permission for _____ to report the
name and birthdate of my child or children to the Division of Family and Children pursuant to IC 12-17.2-2-1.5.

NAME OF CHILD _____

BIRTH DATE _____

Signature of parent, guardian, or custodian

Date (month, day, year)

Verification of birthdate may be completed by a documented copy of the birth certificate or a duly attested transcript of a birth certificate or any official documentable record.