



SAISD Learning Center Authorization to Examine Child's Information

Child's Name: _____

___ I understand that the staff at the SAISD Learning Center, School Age Parenting Program, and Cooper Academy at Navarro will have an ongoing access to my child's file, records of assessment information while my child is enrolled at the Center.

___ I grant representatives from the Child Care Licensing, Texas Rising Star, San Antonio Metropolitan Health District, and other child care regulatory organizations permission to access my child's file, records and/or assessment portfolio as part of their required routine inspections of the SAISD Learning Center.

Parent's Name: _____

Print

Signature

Date