			mission Form
As the parent or g Program, I have re	uardian of a student v ead and understand the	vho is eligible to par e following:	rticipate in the RealCare® Parenting
Realityworks infan	it simulator, whose sou ided to demonstrate to	unds and behaviors	aughter to be the sole caretaker of the replicate those of an infant. The er the full-time commitment required fo
	or requires care throu my son or daughter to		night. When Baby cries, it will be the eds.
Baby's crying and a disturb other famil daughter to drive i	ly members. Lack of s	se my son or daugh sleep may cause dro	ter to lose sleep, and may possibly wsiness. I will not allow my son or
I am aware of all s	safety precautions my	son or daughter mu	st be aware of while caring for Baby.
The Realityworks in son or daughter's ca	nfant simulators are sch are, I may be held respo	ool property. If Baby onsible for repair or r	y is abused, damaged, or lost while in my eplacement costs of up to \$850.
Having read all of Parenting Program		allow my son or dat	aghter to participate in the RealCare®
Print name			
Signed			Date
• • •			
No, I do not wish r that if I do not allo grade because of m given as a substitute	ow my son or daughter ny refusal. I understand	participate in the Rea to participate in this l that an assignment	alCare® Parenting Program. I understand project, he or she will not receive a lowe requiring an equal amount of work will
Print name	- <i>'</i>		
			Date

Page 35