



**THE LEARNING CENTER OF DR. PHILLIPS
INTERNET ACCESS TO THE VIDEO CAMERAS**

<http://www.tlcofdrphillips.com/>

Parent's name: _____ Start Date: _____

Child's name: _____ Teacher: _____

Preferred Password: _____

OFFICE USE ONLY

User ID assigned: _____

(Please use lower case letters or numbers)

Cameras Assigned: Playground, Central Area, Entrance and classrooms

Date submitted for processing _____ Date created _____

\$50 Internet Viewing Annual Fee Cash No. _____ Check No. _____
(August to July)

\$25 ½ Year or Summer Only Internet Viewing Fee Cash No. _____ Check No. _____
(March to July)

I acknowledge that this is a privilege account and that I will not give it out to any party not directly related to my child. I understand this is a service provided by The Learning Center of Dr. Phillips and permissions, rates, and/or access can be changed at any time without notice. I also understand that the access to the video cameras of the Learning Center Of Dr. Phillips is solely to observe my child while at the center and the observations will not be used to the detriment of another child or the staff at The Learning Center of Dr. Phillips.

Parent or Legal Guardian signature

Date