Early Learning Center Parking Permit and Security Entrance Agreement

Child(ren)'s Name: _____

·	SU ID (student, faculty	y or staff), please fill out the	information below:
Parent 2 Banner/S	tudent ID #		
erms of use: I agree to provide the license plate number(s) for the vehicles associated with the pass. I agree to only park in the designated spaces (ELC parking and Lot 56 if ELC parking is full) during drop off and/or pick up time, for the 15 minutes allotted. I agree to notify ELC immediately in the event a pass is lost, misplaced, or stolen. I understand if a pass is lost, misplaced, or stolen, there will be a \$10 replacement charge prior to a replacement pass being issued. I agree that if I forget my parking pass; any parking ticket received is my responsibility. I agree to return my parking pass when my child is no longer attending ELC. If parking passes are not returned, a \$10 per pass fee will be charged to my account.		ELC will provide each family with up to 2 access cards in addition to the FSU IDs. Below, please list the names of adults authorized to receive an access card. A \$10 fee (per card) will be applied for more than 2 requests. 1	
Parent Signature	Date	If access cards a	Irop off or pick up persons. re not returned, a \$10 per charged to my account.
ELC Signature	Date	o only	
	Office us	e only	
Parking Pass # License plate		Swipe Card #	Swipe Card #
Parking Pass # License plate		Swipe Card #	Swipe Card #